# Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Desc: Main Document Page 1 of 61 United States Bankruptcy Court District of Puerto Rico, San Juan Division

| IN RE:                              |   | Case No                                     |
|-------------------------------------|---|---|
| ROLDAN ORTIZ, ANA MILAGROS          |   | Chapter 7                                   |
|                                     | Debtor(s)   | •   |
|                                     | VERIFICATION OF CREDITOR MATR                         | IX  |
| The above named debtor(s) hereby ve | erify(ies) that the attached matrix listing creditors | s is true to the best of my(our) knowledge. |
|                                     |   |   |
|                                     |   |   |
| Date: June 10, 2021                 | Signature: /s/ ANA MILAGROS ROLDAN ORTIZ              | Z   |
|                                     | ANA MILAGROS ROLDAN ORTIZ                             | Debtor                                      |
|                                     |   |   |
| Date:                               | Signature:  |   |
|                                     |   | Joint Debtor, if any                        |

AEELA PO Box 364508 San Juan, PR 00936-4508

DTOP PO Box 41269 San Juan, PR 00940-1269

Educoop PO Box 1283 Caguas, PR 00726-1283

Educoop PO Box 192770 San Juan, PR 00919-2770

Firstbank Puerto Rico PO Box 9146 San Juan, PR 00908-0146

G Medical Diagnostic Services 1500 S Lakeside Drive Suite 115 Bannockburn, IL 60015

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114-0326 Popular Auto PO Box 362708 San Juan, PR 00936-2708 Case: 21-01799-MCF7

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#### United States Bankruptcy Court District of Puerto Rico, San Juan Division

| IN RE:   | Case No  |  |
|--|--|--|
| ROLDAN ORTIZ, ANA MILAGROS  Debtor(s)  | Chapter 7  |  |
|  | TICE TO CONSUMER DEBTOR(S) F THE BANKRUPTCY CODE   |  |
| Certificate of [Non-Attor  | ney] Bankruptcy Petition Preparer  |  |
| f, the [non-attorney] bankruptcy petition preparer signing the conotice, as required by § 342(b) of the Bankruptcy Code. | debtor's petition, hereby certify that I delivered to the de   | btor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Prepare Address:  | petition preparer is not an the Social Security number principal, responsible pers the bankruptcy petition pre | individual, state<br>r of the officer,<br>son, or partner of<br>eparer.) |
| Signature of Bankruptcy Petition Preparer of officer, principal partner whose Social Security number is provided above.  | (Required by 11 U.S.C. §   | 110.)  |
| Certific   | cate of the Debtor   |  |
| I (We), the debtor(s), affirm that I (we) have received and read   | d the attached notice, as required by § 342(b) of the Ban  | kruptcy Code.  |
| ROLDAN ORTIZ, ANA MILAGROS   | X /s/ ANA MILAGROS ROLDAN ORTIZ  | 6/10/2021  |
| Printed Name(s) of Debtor(s)   | Signature of Debtor  | Date   |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date

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Case No. (if known) \_

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|                     | s information to identif         | y your case.                |  |                                      |
|---------------------|----------------------------------|-----------------------------|--|--------------------------------------|
| Debtor 1            | ANA MILAGROS First Name          | ROLDAN ORTIZ<br>Middle Name | Last Name  |                                      |
| Debtor 2            | T HOL HUMB                       | Wildale Harrie              | Edot Name  |                                      |
| (Spouse if, filing) | First Name                       | Middle Name                 | Last Name  |                                      |
| United States Ban   | kruptcy Court for the:           | DISTRICT OF PUE             | ERTO RICO, SAN JUAN DIVISION   |                                      |
| Case number         |                                  |                             |  | ☐ Check if this is an                |
|                     |                                  |                             |  | amended filing                       |
|                     |                                  |                             |  |                                      |
| O((; :   E          | 400                              |                             |  |                                      |
| Official For        | m 108                            |                             |  |                                      |
| Statemen            | nt of Intentio                   | n for Indiv                 | iduals Filing Under Chap   | ter 7 12/15                          |
|                     |                                  |                             |  |                                      |
|                     | ridual filing under chap         |                             | out this form if:  |                                      |
| creditors have      | claims secured by you            | ır property, or             |  |                                      |
| •                   | ed personal property a           |                             | •  |                                      |
|                     |                                  |                             | ou file your bankruptcy petition or by the date se<br>time for cause. You must also send copies to the |                                      |
| the form            |                                  | o dour t oxtoriuo tiro t    | o ioi dadosi i da made aldo dema dopido to un  | o or cancers and issocret you not on |
| If two married neo  | onle are filing together         | in a joint case, both       | are equally responsible for supplying correct in   | formation Both debtors must sign     |
| •                   | the form.                        | iii a joint case, botii     | are equally responsible for supplying correct in   | mormation. Both debtors must sign    |
| Do oo oomulata ay   | . d                              | . If mare space is n        | and attack a concrete chart to this form. On t   | be too of any additional page.       |
|                     | ur name and case num             |                             | eeded, attach a separate sheet to this form. On t  | me top or any additional pages,      |
|                     |                                  | ,                           |  |                                      |
| Part 1: List Yo     | ur Creditors Who Have            | Secured Claims              |  |                                      |
|                     |                                  | rt 1 of Schedule D: 0       | Creditors Who Have Claims Secured by Property  | (Official Form 106D), fill in the    |
| information bel     | ow.<br>ditor and the property th | nat is collateral           | What do you intend to do with the property that  | at Did you claim the property        |
| raditiny the erec   | and the property to              | iat io conditoral           | secures a debt?  | as exempt on Schedule C?             |
|                     |                                  |                             |  |                                      |
| Creditor's AF       | EELA                             |                             |  | <b>-</b>                             |
| , , ,               | EELA                             |                             | Surrender the property.  | ■ No                                 |
| name:               |                                  |                             | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmatic</i>        | on □ Yes                             |
| Description of      | AEELA                            |                             | Agreement.   | JII                                  |
| property            |                                  |                             | Retain the property and [explain]:   |                                      |
| securing debt:      |                                  |                             |  |                                      |
|                     |                                  |                             |  |                                      |
| Creditor's Ec       | ducoop                           |                             | • Comment of the comment   | ■ No                                 |
| name:               | айсоор                           |                             | <ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>                   | ■ No                                 |
| name.               |                                  |                             | Retain the property and redeem it.  Retain the property and enter into a <i>Reaffirmatic</i>           | on □ Yes                             |
| Description of      | EDUCOOP                          |                             | Agreement.   | JII —                                |
| property            |                                  |                             | ☐ Retain the property and [explain]:   |                                      |
| securing debt:      |                                  |                             |  |                                      |
|                     |                                  |                             |  |                                      |
| Creditor's Ec       | ducoop                           |                             | ■ Surrender the property.  | ■ No                                 |
| name:               | <b>I</b> -                       |                             | Retain the property and redeem it.   | <b>—</b> 140                         |
|                     |                                  |                             | Retain the property and redeem it.   | on 🗆 Yes                             |
| Description of      | EDUCOOP                          |                             | Agreement.   | -                                    |
| property            |                                  |                             | ☐ Retain the property and [explain]:   |                                      |
| securing debt:      |                                  |                             |  |                                      |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 ROLDAN ORTIZ, ANA MILAGROS  | Case number (if known)   |   |
|--|--|---|
|  |  |   |
| Creditor's Popular Auto  | Surrender the property.  | ■ No  |
| name:  | Retain the property and redeem it.   | ☐ Yes   |
| Description of 2019 Toyota Yaris   | ☐ Retain the property and enter into a <i>Reaffirmation Agreement</i> .  | ⊔ Yes   |
| property   | ■ Retain the property and [explain]:   |   |
| securing debt:   | Retain and pay pursuant to contract  | _   |
| he information below. Do not list real estate lease  | Leases Le | Leases (Official Form 106G), fill in<br>e period has not yet ended. You |
| Describe your unexpired personal property lease  | s  | Will the lease be assumed?  |
| Lessor's name:   |  | □ No  |
| Description of leased  |  |   |
| Property:  |  | ☐ Yes   |
| Lessor's name:   |  | □ No  |
| Description of leased<br>Property:   |  | ☐ Yes   |
| Lessor's name:   |  | □ No  |
| Description of leased  |  |   |
| Property:  |  | ☐ Yes   |
| Lessor's name:   |  | □ No  |
| Description of leased Property:  |  | ☐ Yes   |
|  |  | Li res  |
| Lessor's name:   |  | □ No  |
| Description of leased Property:  |  | ☐ Yes   |
|  |  |   |
| Lessor's name: Description of leased   |  | □ No  |
| Property:  |  | ☐ Yes   |
| Lessor's name:   |  | □ No  |
| Description of leased Property:  |  | □ v   |
| r roporty.   |  | ☐ Yes   |
| Part 3: Sign Below   |  |   |
| Under penalty of perjury, I declare that I have indicoroperty that is subject to an unexpired lease. | cated my intention about any property of my estate that secu   | ires a debt and any personal  |
| X /s/ ANA MILAGROS ROLDAN ORTIZ  | X  |   |
| ANA MILAGROS ROLDAN ORTIZ  | Signature of Debtor 2  |   |
| Signature of Debtor 1  |  |   |
|  |  |   |

Official Form 108

Date

Date

June 10, 2021

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| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| DISTRICT OF PUERTO RICO, SAN JUAN DIVISION      | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself  |                                       |   |
|-----|--|---------------------------------------|---|
|     |  | About Debtor 1:                       | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |                                       |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | ANA First name  MILAGROS  Middle name | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.  | POLDAN OPTIZ                          | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  | ANA M ROLDAN ORTIZ                    |   |
|     | Include your married or maiden names.  |                                       |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-0081                           |   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  EIN   |
| 5. | Where you live   | VILLA GUADALUPE CC33 18 STREET  | If Debtor 2 lives at a different address:   |
|    |  | CAGUAS, PR 00725  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |
|    |  | County County   | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |  |   |   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

| Par     | Tell the Court About Y  | our Ban | kruptcy Ca                        | se  |  |  |         |
|---------|---|---------|-----------------------------------|---|--|--|---------|
| 7.      | The chapter of the Bankruptcy Code you are  |         |                                   |   | each, see <i>Notice Required by 11</i> nd check the appropriate box. | U.S.C. § 342(b) for Individuals Filing for Bankruptcy  | (Form   |
|         | choosing to file under  | ■ Cha   | pter 7                            |   |  |  |         |
|         |   | ☐ Cha   | pter 11                           |   |  |  |         |
|         |   | ☐ Cha   | pter 12                           |   |  |  |         |
|         |   | ☐ Cha   | pter 13                           |   |  |  |         |
| 8.      | How you will pay the fee  | a<br>If | bout how yo                       | u may pay. Typica<br>y is submitting yo         | ally, if you are paying the fee yours                                | with the clerk's office in your local court for more deta<br>elf, you may pay with cash, cashier's check, or mone<br>torney may pay with a credit card or check with a |         |
|         |   |         |                                   |   |  | sign and attach the Application for Individuals to Pay   | y The   |
|         |   |         | •                                 | nstallments (Offici                             | ,  | nly if you are filing for Chapter 7. By law, a judge may   | v hutie |
|         |   | n<br>y  | ot required to<br>our family size | o, waive your fee,<br>ze and you are una        | and may do so only if your income                                    | is less than 150% of the official poverty line that app. If you choose this option, you must fill out the <i>Applic</i>  | lies to |
| 9.      | Have you filed for  | ■ No.   |                                   |   |  |  |         |
|         | bankruptcy within the last 8 years?   | ☐ Yes.  |                                   |   |  |  |         |
|         |   |         | District                          |   | When   | Case number  |         |
|         |   |         | District                          |   | When   | Case number  |         |
|         |   |         | District                          |   | When   | Case number  |         |
| 10.     | Are any bankruptcy cases pending or being filed by  | ■ No    |                                   |   |  |  |         |
|         | a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate? | ☐ Yes.  |                                   |   |  |  |         |
|         |   |         | Debtor                            |   |  | Relationship to you  |         |
|         |   |         | District                          |   | When   | Case number, if known  |         |
|         |   |         | Debtor                            |   |  | Relationship to you  |         |
|         |   |         | District                          |   | When   | Case number, if known  |         |
| <br>11. | Do you rent your  | ■ No.   | Go to I                           | ine 12.   |  |  |         |
|         | residence?  | ☐ Yes.  | Has yo                            | our landlord obtain                             | ned an eviction judgment against                                     | you?   |         |
|         |   |         |                                   | No. Go to line 12                               | 2.   |  |         |
|         |   |         |                                   | Yes. Fill out <i>Initia</i> bankruptcy petition |  | dgment Against You (Form 101A) and file it as part o   | f this  |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Car

Case number (if known)

| 12.  | Are you a sole proprietor   | _                    |                                      |   |
|------|---|----------------------|--------------------------------------|---|
|      | of any full- or part-time business?   | ■ No.                | Go to                                | Part 4.   |
|      |   | ☐ Yes.               | Name                                 | and location of business  |
|      | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership,<br>or LLC. |                      | Name                                 | e of business, if any   |
|      | If you have more than one sole proprietorship, use a  |                      | Numb                                 | per, Street, City, State & ZIP Code   |
|      | separate sheet and attach it to this petition.  |                      | Chec                                 | k the appropriate box to describe your business:  |
|      | •   |                      |                                      | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |
|      |   |                      |                                      | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |
|      |   |                      |                                      | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |
|      |   |                      |                                      | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |
|      |   |                      |                                      | None of the above   |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and are<br>you a small business<br>debtor or a debtor as<br>defined by 11 U.S.C. §<br>1182(1)?    | under Su<br>choosing | bchapter<br>to procee<br>t, and fede | ler Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed<br>V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are<br>d under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow<br>eral income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
|      | For a definition of small   | ■ No.                | I am r                               | not filing under Chapter 11.  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                | I am f<br>Code                       | illing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|      |   | ☐ Yes.               |                                      | iling under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do<br>noose to proceed under Subchapter V of Chapter 11.   |
|      |   | ☐ Yes.               |                                      | iling under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I e to proceed under Subchapter V of Chapter 11.   |
| Part | Report if You Own or  | Have Any             | Hazardo                              | us Property or Any Property That Needs Immediate Attention  |
| 14.  | Do you own or have any property that poses or is  | ■ No.                |                                      |   |
|      | alleged to pose a threat of imminent and identifiable hazard to public health or  | ☐ Yes.               | What is                              | the hazard?   |
|      | safety? Or do you own any property that needs immediate attention?  |                      |                                      | diate attention is why is it needed?  |
|      | For example, do you own   |                      |                                      |   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:** 

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Lam not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or makinç rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

| Par | 6: Answer These Question                                       | ons for Re           | porting Purposes   |  |   |
|-----|--|----------------------|--|--|---|
| 16. | What kind of debts do you have?                                | 16a.                 |  | sumer debts? Consumer debts are defi<br>al, family, or household purpose."         | ned in 11 U.S.C.§ 101(8) as "incurred by an   |
|     |  |                      | ☐ No. Go to line 16b.  |  |   |
|     |  |                      | Yes. Go to line 17.  |  |   |
|     |  | 16b.                 |  | iness debts? Business debts are debts through the operation of the business or i   |   |
|     |  |                      | ☐ No. Go to line 16c.  |  |   |
|     |  |                      | ☐ Yes. Go to line 17.  |  |   |
|     |  | 16c.                 | State the type of debts you owe                                      | that are not consumer debts or business  | debts   |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.                | I am not filing under Chapter 7.                                     | Go to line 18.   |   |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.               |  | you estimate that after any exempt proper to distribute to unsecured creditors?    | rty is excluded and administrative expenses are   |
|     | administrative expenses are paid that funds will be            |                      | ■ No   |  |   |
|     | available for distribution to unsecured creditors?             |                      | ☐ Yes  |  |   |
| 18. | How many Creditors do  | <b>1</b> -49         |  | <b>1</b> ,000-5,000  | □ 25,001-50,000   |
|     | you estimate that you owe?                                     | □ 50-99              |  | <u></u> 5001-10,000  | <u> </u>  |
|     |  | ☐ 100-19<br>☐ 200-99 |  | □ 10,001-25,000  | ☐ More than100,000  |
| 19. | How much do you  | □ \$0 - \$5          | 50,000   | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?                              |                      | 01 - \$100,000   | ☐ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion  |
|     |  |                      | 001 - \$500,000<br>001 - \$1 million                                 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million                     | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                   |
| 20. | How much do you  | □ \$0 - \$ <u>\$</u> | 50,000   | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?                               | \$50,0               | 01 - \$100,000   | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |
|     | <b>5</b> 0.  |                      | 001 - \$500,000  | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion   |
|     |  | \$500,0              | 001 - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| Par | :7: Sign Below   |                      |  |  |   |
| For | you  | I have exa           | mined this petition, and I declare                                   | e under penalty of perjury that the informa  | tion provided is true and correct.  |
|     |  |                      |  | am aware that I may proceed, if eligible ble under each chapter, and I choose to p | , under Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7.                |
|     |  |                      | ney represents me and I did not princed and read the notice required |  | n attorney to help me fill out this document, I   |
|     |  | I request            | relief in accordance with the cha                                    | apter of title 11, United States Code, spe   | ecified in this petition.   |
|     |  | case can<br>/s/ ANA  | result in fines up to \$250,000, or MILAGROS ROLDAN OR               | imprisonment for up to 20 years, or both   | property by fraud in connection with a bankruptcy . 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|     |  |                      | LAGROS ROLDAN ORTIZ<br>of Debtor 1                                   | Signature of Debt  | or 2  |
|     |  | Executed             |  | Executed on  |   |
|     |  |                      | MM / DD / YYYY   | MI   | M / DD / YYYY   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Roberto Figueroa-Carrasquillo      | Date          | June 10, 2021        |
|--|---------------|----------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY       |
| Roberto Figueroa-Carrasquillo          |               |                      |
| RFigueroa Carrasquillo Law Office PSC  |               |                      |
| Firm name                              |               |                      |
| PO Box 186                             |               |                      |
| Caguas, PR 00726-0186                  |               |                      |
| Number, Street, City, State & ZIP Code |               |                      |
| Contact phone (787) 744-7699           | Email address | rfc@rfigueroalaw.com |
| USDC 203614                            |               |                      |
| Bar number & State                     |               |                      |

### Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Desc: Main Document Page 14 of 61

| Debtor 1  ANA MILAGRO First Name  Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the Case number  Official Form 106A/B  Schedule A/B: Pro  In each category, separately list and describink it fits best. Be as complete and accinformation. If more space is needed, atta Answer every question.  Part 1: Describe Each Residence, Build  1. Do you own or have any legal or equitation. If more space is needed, atta Answer every question.  Part 1: Describe Each Residence, Build  1. Do you own or have any legal or equitation. If more space is needed, atta Answer every question.  Part 1: Describe Each Residence, Build  3. Corough of the property?  Part 2: Describe Your Vehicles  Do you own, lease, or have legal or esomeone else drives. If you lease a vehical someone else drives. If you lease a vehic           | Perty  DISTRICT OF PUERTO R  DISTRICT OF PUERTO R  DISTRICT OF PUERTO R  Puerty  District an asset only one rate as possible. If two married h a separate sheet to this form.  District and, or Other Real Estate Y only one interest in any residence, but the puer interest in any residence, but the puer interest in any vehicle, also report it on Schedule G  | Last Name  Last Name  RICO, SAN JUAN DIVISIO  ce. If an asset fits in more people are filing together, I on the top of any addition  fou Own or Have an Interestillating, land, or similar properties, whether they are read: Executory Contracts and | than one category, list the both are equally responsinal pages, write your namest In perty? | e asset in th<br>ble for supp<br>e and case r | plying correct<br>number (if known).   |
|--|---|---|---|---|--|
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the Case number  Official Form 106A/B  Schedule A/B: Pro In each category, separately list and describink it fits best. Be as complete and accinformation. If more space is needed, atta Answer every question.  Part 1: Describe Each Residence, Build  1. Do you own or have any legal or equitation.  No. Go to Part 2.  Yes. Where is the property?  Part 2: Describe Your Vehicles  Do you own, lease, or have legal or esomeone else drives. If you lease a vehication of the Yes  3. Cars, vans, trucks, tractors, sport  No Yes  1. No Yes  1. Toyota Model: Yaris Year: 2019 Approximate mileage: Other information:   | Middle Name  Middle Name  DISTRICT OF PUERTO R  Perty  ibe items. List an asset only one rate as possible. If two married in a separate sheet to this form.  Ing, Land, or Other Real Estate Y ole interest in any residence, but in the period of the period | ce. If an asset fits in more people are filing together, on the top of any addition of ou Own or Have an Interestilling, land, or similar properties, whether they are respectively.  | than one category, list the both are equally responsinal pages, write your namest In perty? | e asset in th<br>ble for supp<br>e and case r | amended filing  12/15  ne category where you plying correct number (if known). |
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| No. Go to Part 2.  Yes. Where is the property?  Part 2: Describe Your Vehicles  Do you own, lease, or have legal or e someone else drives. If you lease a vehic 3. Cars, vans, trucks, tractors, sport  No Yes  3.1 Make: Toyota Model: Yaris Year: 2019 Approximate mileage: Other information:   | uitable interest in any vehic<br>e, also report it on <i>Schedule G</i>   | cles, whether they are re   | egistered or not? Include   | e any vehic                                   | eles you own that  |
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| Do you own, lease, or have legal or e someone else drives. If you lease a vehic 3. Cars, vans, trucks, tractors, sport \( \bigcup \text{No} \) \( \bigcup \text{Yes} \)  3.1 Make: \( \bigcup \text{Yaris} \) Year: \( \bigcup \text{2019} \) Approximate mileage: \( \text{Other information:} \)   | e, also report it on Schedule G   | G: Executory Contracts an   |   | e any vehic                                   | eles you own that  |
| Do you own, lease, or have legal or e someone else drives. If you lease a vehic 3. Cars, vans, trucks, tractors, sport \( \bigcup \text{No} \) \( \bigcup \text{Yes} \)  3.1 Make: \( \bigcup \text{Yaris} \) Year: \( \bigcup \text{2019} \) Approximate mileage: \( \text{Other information:} \)   | e, also report it on Schedule G   | G: Executory Contracts an   |   | e any vehic                                   | eles you own that  |
| someone else drives. If you lease a vehice  3. Cars, vans, trucks, tractors, sport  □ No ■ Yes  3.1 Make: Toyota  Model: Yaris  Year: 2019  Approximate mileage: Other information:  | e, also report it on Schedule G   | G: Executory Contracts an   |   | e any vehic                                   | les you own that   |
| Model: Yaris Year: 2019 Approximate mileage: Other information:  |   |   |   |   |  |
| Model: Yaris Year: 2019 Approximate mileage: Other information:  |   |   | Do not doduct   | accured ele                                   | ima or avamations. But   |
| Year: 2019 Approximate mileage: Other information:   | Who has an interes  | st in the property? Check on  |   |   | ims or exemptions. Put disclaims on Schedule D:                                |
| Approximate mileage: Other information:  | Debtor 1 only   |   | Creditors Who   | Have Claim                                    | ns Secured by Property.  |
| Other information:   | Debtor 2 only   |   | Current value   |   | Current value of the   |
|  | Debtor 1 and De   | •   | entire proper   | ty?   | portion you own?   |
| VIN NO 3MYDLBYV2KY52   |   | he debtors and another  |   |   |  |
|  |   | community property  | <b>\$14</b> ,   | 750.00  | \$14,750.00  |
| <ul> <li>4. Watercraft, aircraft, motor homes, Examples: Boats, trailers, motors, per No Yes</li> <li>5 Add the dollar value of the portion you have attached for Part 2. Write Part 3: Describe Your Personal and Homes Do you own or have any legal or equal to the portion of the portion you own or have any legal or equal to the portion of the portion o</li></ul> | onal watercraft, fishing vessels  | s, snowmobiles, motorcycl   | cle accessories   |   | \$14,750.00  |

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

### Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Desc: Main Document Page 15 of 61

| De  | ebtor 1       | ROLDAN O   | RTIZ, ANA MILAGROS Case number (if known)   |   |
|-----|---------------|--|---|---|
| 6.  |               | old goods and f<br>es: Major applian                     | urnishings<br>ces, furniture, linens, china, kitchenware  |   |
|     | ■ Yes.        | Describe   | One (1) kitchen pantry ("gabinetes")  | \$250.00  |
| 7.  | □ No          | es: Televisions a  | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collect<br>I phones, cameras, media players, games |   |
|     |               |  | One (1) TV Set 42"  | \$100.00  |
|     | Example  No   |  | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or b<br>nemorabilia, collectibles           | aseball card collections; other                             |
| 9.  | Example  No   | ent for sports ares: Sports, photo instruments  Describe | nd hobbies<br>graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and k                               | ayaks; carpentry tools; musical                             |
|     | ■ No          |  | s, shotguns, ammunition, and related equipment  |   |
| 11. | □ No Î        |  | othes, furs, leather coats, designer wear, shoes, accessories   |   |
|     |               |  | Clothing and personal effects   | \$1,200.00  |
| 12. | □ No Î        |  | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, s  Jewelry                                      | silver<br>\$100.00  |
|     | Examp<br>■ No | rm animals bles: Dogs, cats, Describe                    | birds, horses   |   |
|     | ■ No          | her personal an  | d household items you did not already list, including any health aids you did not list  |   |
| 15  |               |  | of all of your entries from Part 3, including any entries for pages you have attached for nber here   | \$1,650.00  |
|     |               | scribe Your Finan  |   |   |
| Do  | you ow        | n or have any l  | egal or equitable interest in any of the following?   | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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| De  | ebtor 1                        | ROLDAN OF                         | RTIZ, AI                       | NA MILAGROS  | Case number (if known)   |                    |
|-----|--------------------------------|-----------------------------------|--------------------------------|--|--|--------------------|
| 16. | ■ No                           | .,                                | ·                              | ur wallet, in your home, in a  | a safe deposit box, and on hand when you file your petition  |                    |
| 17. | Deposits                       | of money<br>es: Checking, sa      | avings, or                     | other financial accounts;  | certificates of deposit; shares in credit unions, brokerage houses, and of the same institution, list each.                | other similar      |
|     | □ No                           | montunons.                        | ii you na                      | ve munipie accounts with   | the same institution, list each.   |                    |
|     | Yes                            |                                   | 17.1.                          | Checking Account   | Institution name: First Bank Account no x2047 Checking Account   | \$169.00           |
|     |                                |                                   | 17.2.                          | Savings Account  | EDUCOOP Account no xxx-xx-0081 Shares \$10,761.70 Savings \$3.69 Vera Club \$100.26 Xmas Club \$50.00                      | \$10,915.65        |
|     |                                |                                   | 17.3.                          | Savings Account  | AEELA Deposit and Dividends Account no xxx-xx-0081   | \$13,945.37        |
| 18. |                                | es: Bond funds,                   |                                | ly traded stocks  nt accounts with brokerage  Institution or issuer name | e firms, money market accounts e:  |                    |
| 19. | Non-pub<br>joint ver<br>■ No   |                                   | ock and i                      | nterests in incorporated   | d and unincorporated businesses, including an interest in an LLC   | , partnership, and |
|     | ☐ Yes. G                       | Give specific info                |                                | about them<br>me of entity:  | % of ownership:  |                    |
| 20. | Negotiak                       | ole instruments i                 | include p                      | ersonal checks, cashiers'  | e and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them.      |                    |
|     | ☐ Yes. G                       | ive specific info                 |                                | bout them<br>uer name:   |  |                    |
| 21. | Example ■ No                   |                                   | RA, ERIS                       | SA, Keogh, 401(k), 403(b)  | ), thrift savings accounts, or other pension or profit-sharing plans   |                    |
|     | ☐ Yes. Li:                     | st each account                   |                                | ely.<br>of account:  | Institution name:  |                    |
| 22. | Your sha                       |                                   | deposits                       | you have made so that yo   | ou may continue service or use from a company<br>utilities (electric, gas, water), telecommunications companies, or others | ;                  |
|     |                                |                                   |                                |  | Institution name or individual:  |                    |
| 23. | Annuities No                   | s (A contract for                 | r a period                     | ic payment of money to yo  | ou, either for life or for a number of years)  |                    |
|     | ☐ Yes                          |                                   |                                | e and description.   |  |                    |
| 24. | Interests<br>26 U.S.C.<br>■ No | in an educatio<br>§§ 530(b)(1), 5 | <b>n IRA, in</b><br>529A(b), a | an account in a qualifie<br>and 529(b)(1).                               | ed ABLE program, or under a qualified state tuition program.   |                    |
|     | ☐ Yes                          | In                                | stitution r                    | name and description. Sep  | parately file the records of any interests.11 U.S.C. § 521(c):   |                    |

Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Page 17 of 61 Document **ROLDAN ORTIZ, ANA MILAGROS** Case number (if known) Debtor 1 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ No Yes. Give specific information..

Debtor has 1/5th of 50% inheritance interest in a real property located at Villa Guadalupe Development CC33 18th Street Caguas Puerto Rico; this residential property (this is the Debtor's residence) is owned by 50% Sucesion Joaquin Roldan Rosa (the Debtor's father) composed of 5 heirs and the other 50% interest is owned by the widow (the Debtor's mother who also resides in the property); this property consists of three (3) bedrooms, one (1) bathroom, living room, dining room, kitchen, balcony and carpot/garage.; the estimated market value is \$58,000/2/5=\$5,800 which is the estimated value of the Debtor's hereditary interest in this property.

\$5,800.00

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| Debtor          | 1 ROLDAN ORTIZ, ANA MILAGROS  |                             | Case number (if known)     |                        |
|-----------------|---|-----------------------------|----------------------------|------------------------|
|                 | ms against third parties, whether or not you have filed a law amples: Accidents, employment disputes, insurance claims, or ri |                             | d for payment              |                        |
| ■ N             | 0   |                             |                            |                        |
| ΠY              | es. Describe each claim   |                             |                            |                        |
| 34. <b>Oth</b>  | er contingent and unliquidated claims of every nature, inclu  | ding counterclaims of       | the debtor and rights to s | et off claims          |
| ■ N             | 0   |                             |                            |                        |
| ΠY              | es. Describe each claim   |                             |                            |                        |
| 35. <b>Any</b>  | financial assets you did not already list   |                             |                            |                        |
| ■ N             | 0   |                             |                            |                        |
| ☐ Y             | es. Give specific information   |                             |                            |                        |
|                 | dd the dollar value of all of your entries from Part 4, includin<br>art 4. Write that number here                             |                             | -                          | \$30,830.02            |
| Part 5:         | Describe Any Business-Related Property You Own or Have an Inte  | rest In. List any real esta | te in Part 1.              |                        |
| 37 <b>Dov</b>   | ou own or have any legal or equitable interest in any business-relat  | ed property?                |                            |                        |
| •               | . Go to Part 6.   |                             |                            |                        |
| ☐ Ye            | s. Go to line 38.   |                             |                            |                        |
|                 | <del> </del>  |                             |                            |                        |
| Part 6:         | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes    | t In.                      |                        |
| 46. <b>Do</b> y | you own or have any legal or equitable interest in any farm-  | or commercial fishing       | -related property?         |                        |
|                 | No. Go to Part 7.   |                             |                            |                        |
|                 | Yes. Go to line 47.   |                             |                            |                        |
|                 |   |                             |                            |                        |
| Part 7:         | Describe All Property You Own or Have an Interest in That Yo  | ou Did Not List Above       |                            |                        |
|                 | you have other property of any kind you did not already list amples: Season tickets, country club membership                  | ?                           |                            |                        |
|                 | o es. Give specific information   |                             |                            |                        |
|                 | oo. One opeome intermediation   |                             |                            |                        |
| 54. <b>A</b> c  | dd the dollar value of all of your entries from Part 7. Write th  | at number here              |                            | <u>\$0.00</u>          |
| 5 / 6           |   |                             |                            |                        |
| Part 8:         | List the Totals of Each Part of this Form   |                             |                            |                        |
| 55. <b>P</b> a  | art 1: Total real estate, line 2  |                             |                            | \$0.00                 |
| 56. <b>Pa</b>   | art 2: Total vehicles, line 5   | \$14,750.00                 |                            |                        |
| 57. <b>Pa</b>   | art 3: Total personal and household items, line 15  | \$1,650.00                  |                            |                        |
|                 | rt 4: Total financial assets, line 36   | \$30,830.02                 |                            |                        |
|                 | art 5: Total business-related property, line 45   | \$0.00                      |                            |                        |
|                 | art 6: Total farm- and fishing-related property, line 52  | \$0.00                      |                            |                        |
| 61. <b>P</b> a  | ert 7: Total other property not listed, line 54   | +\$0.00                     |                            |                        |
| 62. <b>T</b> c  | otal personal property. Add lines 56 through 61   | \$47,230.02                 | Copy personal property to  | tal <b>\$47,230.02</b> |
|                 |   |                             |                            |                        |

Official Form 106A/B Schedule A/B: Property page 5

\$47,230.02

63. Total of all property on Schedule A/B. Add line 55 + line 62

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| Fill in thi         | is information to identif | y your case:       |                         |                       |
|---------------------|---------------------------|--------------------|-------------------------|-----------------------|
| Debtor 1            |                           | ROLDAN ORTIZ       |                         |                       |
|                     | First Name                | Middle Name        | Last Name               |                       |
| Debtor 2            |                           |                    |                         |                       |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name               |                       |
| United States Ba    | inkruptcy Court for the:  | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION |                       |
| Case number _       |                           |                    |                         | ☐ Check if this is an |
|                     |                           |                    |                         | amended filing        |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Pro | perty You ( | Claim as Exem <sub>l</sub> | ρt |
|---------|------------------|-------------|----------------------------|----|
|---------|------------------|-------------|----------------------------|----|

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. |
|----|--|
|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)               |
|    | You are claiming federal exemptions 11 LLS C. & 522(b)(2)  |

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|---|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Che                               | eck only one box for each exemption.                            |                                    |
| One (1) kitchen pantry ("gabinetes") Line from Schedule A/B 6.1                        | \$250.00                                |                                   | \$250.00  | 11 USC § 522(d)(3)                 |
| Ellic Holli Geriedale PAD. G.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| One (1) TV Set 42" Line from Schedule A/B 7.1  | \$100.00                                |                                   | \$100.00  | 11 USC § 522(d)(3)                 |
| Line Horr Goreane AVE. 1.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing and personal effects Line from Schedule A/B 11.1                              | \$1,200.00                              |                                   | \$1,200.00  | 11 USC § 522(d)(3)                 |
| 2.110 110 11 00 110 110 110 110 110 110 1  |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Jewelry Line from Schedule A/B 12.1  | \$100.00                                |                                   | \$100.00  | 11 USC § 522(d)(4)                 |
| Elife Holli Goriodale 772. FETT  |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| First Bank<br>Account no x2047   | \$169.00                                |                                   | \$169.00  | 11 USC § 522(d)(5)                 |
| Checking Account Line from Schedule A/B 17.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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| De  | ebtor 1 ROLDAN ORTIZ, ANA MILAGRO  | S  | Case number (if known)  |                                    |  |  |
|---|--|--|---|------------------------------------|--|--|
|   | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the Amount of the exemption you claim portion you own |   | Specific laws that allow exemption |  |  |
|   |  | Copy the value from<br>Schedule A/B                                    | Check only one box for each exemption.                                      |                                    |  |  |
|   | Debtor has 1/5th of 50% inheritance interest in a real property located at Villa Guadalupe Development CC33 18th Street Caguas Puerto Rico; this residential property (this is the Debtor's residence) is owned by 50% Sucesion Joaquin Roldan Rosa (the Debtor  Line from Schedule A/B 32.1 | \$5,800.00   | \$5,800.00  100% of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(1)                 |  |  |
| 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  ■ No  □ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  □ No □ Yes |  |  |   |                                    |  |  |

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|                                       |                      | Document P   | age 21 o        | of 61                                  |          |                         |                   |
|---------------------------------------|----------------------|--|-----------------|--|----------|-------------------------|-------------------|
| Fill in this info                     | ormation to ident    | ify your case:   |                 |  |          |                         |                   |
| Debtor 1 A                            | NA MILAGROS          | S ROLDAN ORTIZ   |                 |  |          |                         |                   |
| Fir                                   | rst Name             | Middle Name L  | ast Name        |  |          |                         |                   |
| Debtor 2 (Spouse if, filing) Fir      | rst Name             | Middle Name L  | ast Name        |  | .        |                         |                   |
| (Opouse II, IIIIIIg)                  | St Ivallie           |  |                 |  |          |                         |                   |
| United States Bankrup                 | tcy Court for the:   | DISTRICT OF PUERTO RICO, SA  | AN JUAN DIV     | /ISION                                 |          |                         |                   |
| Case number                           |                      |  |                 |  |          |                         |                   |
| (if known)                            |                      |  |                 |  |          | ☐ Check                 | if this is an     |
|                                       |                      |  |                 |  |          | amend                   | led filing        |
| Official Form 10                      | 06D                  |  |                 |  |          |                         |                   |
|                                       |                      | Who Have Claims Se   | acurad          | hy Propert                             | .,       |                         | 12/15             |
| Scriedule D.                          | Creditors            | WITO Have Claims 36  | <u>scureu</u>   | by Fropert                             | <u>y</u> |                         | 12/15             |
|                                       |                      | two married people are filing together, I<br>number the entries, and attach it to this |                 |  |          |                         |                   |
| 1. Do any creditors have              | claims secured by    | your property?   |                 |  |          |                         |                   |
| ☐ No. Check this I                    | box and submit thi   | s form to the court with your other sche   | dules. You ha   | ave nothing else to re                 | port     | on this form.           |                   |
| ■ Yes. Fill in all of                 | the information be   | elow.  |                 |  |          |                         |                   |
|                                       | ured Claims          |  |                 |  |          |                         |                   |
|                                       |                      | nore than one secured claim, list the credito  | r congrately    | Column A                               | C        | olumn B                 | Column C          |
| for each claim. If more th            | an one creditor has  | a particular claim, list the other creditors in  |                 | Amount of claim                        |          | alue of collateral      | Unsecured         |
| much as possible, list the            | claims in alphabetic | al order according to the creditor 's name.  |                 | Do not deduct the value of collateral. |          | at supports this<br>aim | portion<br>If any |
| 2.1 <b>AEELA</b>                      |                      | Describe the property that secures the   | claim:          | \$17,118.50                            |          | \$13,945.37             | \$3,173.13        |
| Creditor's Name                       |                      | AEELA Deposits and Dividend Account noo xxx-xx-0081                                    | ak              |  |          |                         |                   |
| PO Box 36450                          | 10                   | As of the date you file, the claim is: Che   | eck all that    |  |          |                         |                   |
| San Juan, PR                          |                      | apply.  Contingent   |                 |  |          |                         |                   |
| Number, Street, City, S               |                      | ☐ Unliquidated   |                 |  |          |                         |                   |
|                                       |                      | □ Disputed   |                 |  |          |                         |                   |
| Who owes the debt? C                  | heck one.            | Nature of lien. Check all that apply.  |                 |  |          |                         |                   |
| ■ Debtor 1 only                       |                      | An agreement you made (such as mor   | tgage or secure | ed                                     |          |                         |                   |
| Debtor 2 only                         |                      | car loan)  |                 |  |          |                         |                   |
| ☐ Debtor 1 and Debtor 2               | 2 only               | ■ Statutory lien (such as tax lien, mecha  | nic's lien)     |  |          |                         |                   |
| At least one of the deb               |                      | U Judgment lien from a lawsuit   |                 |  |          |                         |                   |
| Check if this claim re community debt | elates to a          | Other (including a right to offset)  |                 |  |          |                         |                   |
| Date debt was incurred                |                      | Last 4 digits of account number  | 0081            |  |          |                         |                   |

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| Debtor 1 ANA MILAGROS ROLD  | Case Case  | e number (if known) |                |                  |  |  |
|---|--|---------------------|----------------|------------------|--|--|
| First Name Middle N   | lame Last Name   |                     |                |                  |  |  |
| 2.2 Educoop   | Describe the property that secures the claim:  | \$37,733.00         | \$10,915.65    | \$27,848.35      |  |  |
| Creditor's Name   | EDUCOOP Account no xxx-xx-0081<br>Shares \$10,761.70 Savings \$3.69<br>Vera Club \$100.26 Xmas Club<br>\$50.00 |                     | <del>, ,</del> | <del></del>      |  |  |
| PO Box 1283   | As of the date you file, the claim is: Check all that  |                     |                |                  |  |  |
| Caguas, PR 00726-1283   | apply.  Contingent   |                     |                |                  |  |  |
| Number, Street, City, State & Zip Code                                      | ☐ Unliquidated   |                     |                |                  |  |  |
| ,                                     | Disputed   |                     |                |                  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                     |                |                  |  |  |
| Debtor 1 only   | ☐ An agreement you made (such as mortgage or secured   |                     |                |                  |  |  |
| Debtor 2 only   | car loan)  |                     |                |                  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                     |                |                  |  |  |
| ☐ At least one of the debtors and another                                   | ☐ Judgment lien from a lawsuit   |                     |                |                  |  |  |
| ☐ Check if this claim relates to a  | Other (including a right to offset)  |                     |                |                  |  |  |
| community debt  |  |                     |                |                  |  |  |
| Date debt was incurred 2020-08-14   | Last 4 digits of account number 1601   |                     |                |                  |  |  |
| 2.3 Educoop   | Describe the property that secures the claim:  | \$1,031.00          | \$10,915.65    | \$0.00           |  |  |
| Creditor's Name   | EDUCOOP Account no xxx-xx-0081   |                     |                |                  |  |  |
|   | Shares \$10,761.70 Savings \$3.69  |                     |                |                  |  |  |
|   | Vera Club \$100.26 Xmas Club   |                     |                |                  |  |  |
|   | As of the date you file, the claim is: Check all that  |                     |                |                  |  |  |
| PO Box 1283   | apply.   |                     |                |                  |  |  |
| Caguas, PR 00726-1283   | Contingent   |                     |                |                  |  |  |
| Number, Street, City, State & Zip Code                                      | Unliquidated   |                     |                |                  |  |  |
| Who awas the debt? Chask and  | Disputed   |                     |                |                  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                     |                |                  |  |  |
| Debtor 1 only   | ☐ An agreement you made (such as mortgage or secured car loan)   |                     |                |                  |  |  |
| Debtor 2 only   | <u> </u>   |                     |                |                  |  |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another      | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                     |                |                  |  |  |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a | Judgment lien from a lawsuit   |                     |                |                  |  |  |
| community debt  | Other (including a right to offset)  |                     |                |                  |  |  |
| Date debt was incurred 2020-08-14   | Last 4 digits of account number 1602   |                     |                |                  |  |  |
| Danislan Auto   | Describe the manufacture of the desire.  | <b>\$04.770.00</b>  | \$4.4.750.00   | <b>#7.000.00</b> |  |  |
| 2.4 Popular Auto Creditor's Name  | Describe the property that secures the claim:  2019 Toyota Yaris   | \$21,770.00         | \$14,750.00    | \$7,020.00       |  |  |
|   | VIN No 3MYDLBYV2KY520585   |                     |                |                  |  |  |
|   |  |                     |                |                  |  |  |
| PO Box 362708   | As of the date you file, the claim is: Check all that apply.   |                     |                |                  |  |  |
| San Juan, PR 00936-2708   | Contingent   |                     |                |                  |  |  |
| Number, Street, City, State & Zip Code                                      | ☐ Unliquidated   |                     |                |                  |  |  |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.  |                     |                |                  |  |  |
| ■ Debtor 1 only   | ☐ An agreement you made (such as mortgage or secured   |                     |                |                  |  |  |
| Debtor 2 only   | car loan)  |                     |                |                  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                     |                |                  |  |  |
| ☐ At least one of the debtors and another                                   | ☐ Judgment lien from a lawsuit   |                     |                |                  |  |  |
| ☐ Check if this claim relates to a  | Other (including a right to offset)  |                     |                |                  |  |  |
| community debt  | · · · · · · · · · · · · · · · · · · ·  |                     |                |                  |  |  |
| Date debt was incurred 2019-07  | Last 4 digits of account number 0001   |                     |                |                  |  |  |
|   | _  |                     |                |                  |  |  |

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Debtor 1 ANA MILAGROS ROLDAN ORTIZ

First Name Middle Name Last Name

Case number (f known)

Add the dollar value of your entries in Column A on this page. Write that number here: \$77,652.50

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$77,652.50

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Fi                        | II in this infor  | mation to identify you   | ır case:   | Boodinen   |                                       |                               |   |                                |            |  |
|---------------------------|---|--|--|--|---------------------------------------|-------------------------------|---|--------------------------------|------------|--|
| Debt                      | tor 1   | ANA MILAGROS   | ROLDAN   | ORTIZ  |                                       |                               |   |                                |            |  |
|                           | _   | First Name   | Middle   | Name   | Last Nam                              | е                             |   | }                              |            |  |
| Debt<br>(Spou             | tor 2<br>se if, filing)   | First Name   | Middle   | Name   | Last Nam                              | е                             |   | <u> </u>                       |            |  |
| Unite                     | ed States Bank  | kruptcy Court for the:   | DISTRICT   | OF PUERTO RICO   | , SAN JU                              | AN DIVISIO                    | DN  |                                |            |  |
| Case                      | e number  |  |  |  |                                       |                               |   |                                |            |  |
| (if kno                   |   |  |  |  |                                       |                               |   |                                |            | f this is an                           |
|                           |   |  |  |  |                                       |                               |   | J                              | amende     | ed filing                              |
| Offi                      | cial Form   | 106E/F   |  |  |                                       |                               |   |                                |            |  |
| Sch                       | nedule E/   | F: Creditors W   | ho Hav   | e Unsecured  | Claim                                 | S                             |   |                                |            | 12/15                                  |
| Sched<br>D: Cre<br>the Co | dule G: Executo editors Who Har ontinuation Pag number (if know | acts or unexpired leases<br>ory Contracts and Unexpi<br>we Claims Secured by Pr<br>ge to this page. If you hav<br>yn).<br>of Your PRIORITY Une | red Leases (<br>operty. If mo<br>/e no informa         | Official Form 106G). Do<br>re space is needed, co<br>ation to report in a Part         | o not inclu<br>py the Par             | de any cred<br>t you need,    | litors with partially so<br>fill it out, number the | ecured claim<br>e entries in t | s that are | listed in Schedule on the left. Attach |
|                           |   | s have priority unsecured  |  |  |                                       |                               |   |                                |            |  |
|                           | ☐ No. Go to Par   | rt 2.  | _  | •  |                                       |                               |   |                                |            |  |
| ı                         | Yes.  |  |  |  |                                       |                               |   |                                |            |  |
| ic<br>p<br>1              | dentify what type<br>cossible, list the o                       | oriority unsecured claims<br>e of claim it is. If a claim ha<br>claims in alphabetical orde<br>ne creditor holds a particul                    | s both priority<br>r according to<br>ar claim, list th | r and nonpriority amount<br>to the creditor 's name. If<br>the other creditors in Part | ts, list that o<br>you have n<br>t 3. | laim here ar<br>nore than two | nd show both priority a                             | nd nonpriority                 | / amounts  | . As much as                           |
| (1                        | For an explanati  | on of each type of claim, s  | ee the instruc   | tions for this form in the   | instruction                           | booklet.)                     | Total claim   | Priority amount                |            | Nonpriority amount                     |
| 2.1                       | Internal I  | Revenue Service<br>ditor's Name  |  | Last 4 digits of accour  | nt number                             | 0081                          | \$806.95  | \$                             | 806.95     | \$0.00                                 |
|                           | DO Day (  | 24420  |  | When was the debt inc  | curred?                               | 2012/20                       | 17/2019   | _                              |            |  |
|                           | PO Box 2<br>Philadeli   | 21126<br>phia, PA 19114-032  | 6  |  |                                       |                               |   |                                |            |  |
|                           | Number Stre   | eet City State Zip Code  |  | As of the date you file  | , the claim                           | is: Check a                   | II that apply                                       |                                |            |  |
|                           | Who incurred t  | the debt? Check one.   |  | ☐ Contingent   |                                       |                               |   |                                |            |  |
|                           | Debtor 1 on   | ly   |  | ☐ Unliquidated   |                                       |                               |   |                                |            |  |
|                           | Debtor 2 on   | ly   |  | ☐ Disputed   |                                       |                               |   |                                |            |  |
|                           | Debtor 1 and  | d Debtor 2 only  |  | Type of PRIORITY uns   | secured cla                           | im:                           |   |                                |            |  |
|                           | ☐ At least one  | of the debtors and anothe  | r  | ☐ Domestic support ob  | bligations                            |                               |   |                                |            |  |
|                           | ☐ Check if thi  | is claim is for a commun   | itv debt   | ■ Taxes and certain of   | ther debts y                          | ou owe the                    | government  |                                |            |  |
|                           |   | bject to offset?   | ,  | ☐ Claims for death or p  | -                                     |                               | =   |                                |            |  |
|                           | ■ No  | -  |  | Other. Specify   |                                       |                               |   |                                |            |  |
|                           | ☐ Yes   |  |  | · · · —  | 19/1040                               | PR                            |   |                                |            |  |
|                           |   |  |  |  |                                       |                               |   |                                |            |  |
| Part                      | 2: List All   | of Your NONPRIORITY  | Y Unsecure   | d Claims   |                                       |                               |   |                                |            |  |
| 3. C                      | Do any creditors  | s have nonpriority unsec   | ured claims  | against you?   |                                       |                               |   |                                |            |  |
|                           | ☐ No. You have  | nothing to report in this pa   | art. Submit thi  | s form to the court with y   | your other s                          | chedules.                     |   |                                |            |  |
|                           | Yes.  |  |  | ŕ  |                                       |                               |   |                                |            |  |
| 4. L                      | ist all of your n   | nonpriority unsecured cla  | aims in the al   | phabetical order of the  | e creditor v                          | vho holds e                   | ach claim. If a credito                             | or has more t                  | han one n  | onpriority                             |

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known) 4.1 **DTOP** \$50.00 Last 4 digits of account number 0081 Nonpriority Creditor's Name When was the debt incurred? 09/22/2020 PO Box 41269 San Juan, PR 00940-1269 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Ticket no 1411400973 ☐ Yes 4.2 Last 4 digits of account number Educoop 3791 \$5,111.00 Nonpriority Creditor's Name When was the debt incurred? 2019-07-31 PO Box 192770 San Juan, PR 00919-2770 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit Card 4.3 Firstbank Puerto Rico Last 4 digits of account number \$4,154.00 1615 Nonpriority Creditor's Name When was the debt incurred? 2019-09-07 PO Box 9146 San Juan, PR 00908-0146 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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| Debtor 1 | ROLDAN ORTIZ, ANA MILAGROS   |  | Case number (f known)                         |          |
|----------|--|--|---|----------|
|          | Medical Diagnostic Services  | Last 4 digits of account number                            | 3360  | \$325.00 |
| No       | onpriority Creditor's Name   | When was the debt incurred?                                | 03/11/19                                      |          |
| В        | 500 S Lakeside Drive Suite 115<br>annockburn, IL 60015<br>umber Street City State Zip Code | As of the date you file, the claim                         |   |          |
| W        | ho incurred the debt? Check one.   |  |   |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | ebt<br>the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

☐ Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

■ No
□ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim    |
|--------------|-----|---|-----|----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00     |
| Total claims |     |   |     | <br>           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>806.95   |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00     |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00     |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>806.95   |
|              |     |   |     | Total Claim    |
|              | 6f. | Student loans   | 6f. | \$<br>0.00     |
| Total claims |     |   |     |                |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00     |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00     |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>9,315.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>9,315.00 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in th          | nis information to identi | fy your case:      |                         |   |                     |
|---------------------|---------------------------|--------------------|-------------------------|---|---------------------|
| Debtor 1            | ANA MILAGROS              | ROLDAN ORTIZ       |                         |   |                     |
|                     | First Name                | Middle Name        | Last Name               | ) |                     |
| Debtor 2            |                           |                    |                         |   |                     |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name               |   |                     |
| United States Ba    | ankruptcy Court for the:  | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION |   |                     |
| Case number         |                           |                    |                         |   |                     |
| (if known)          |                           |                    |                         |   | Check if this is an |
|                     |                           |                    |                         |   | amended filing      |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | whom you have the<br>, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|--|---------------------|---|
| 2.1 |           |                                |  |                     |   |
|     | Name      |                                |  |                     |   |
|     | Number    | Street                         |  |                     | <u> </u>                                |
|     | City      |                                | State  | ZIP Code            | <del></del>                             |
| 2.2 |           |                                |  |                     | <u></u>                                 |
|     | Name      |                                |  |                     |   |
|     | Number    | Street                         |  |                     | <del>_</del>                            |
|     | City      |                                | State  | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |                                | Otate  | Zii Code            |   |
| 2.0 | Name      |                                |  |                     | <del></del>                             |
|     | Number    | Street                         |  |                     | <u> </u>                                |
|     | City      |                                | State  | ZIP Code            | <u> </u>                                |
| 2.4 | - ,       |                                |  |                     |   |
|     | Name      |                                |  |                     | _                                       |
|     | Number    | Street                         |  |                     | <del>_</del>                            |
|     | City      |                                | State  | ZIP Code            | <u> </u>                                |
| 2.5 | Oity      |                                | Glate  | ZII OUG             |   |
| 0   | Name      |                                |  |                     | <del>_</del>                            |
|     | Number    | Street                         |  |                     | <u> </u>                                |
|     | City      |                                | State  | ZIP Code            | <del></del>                             |

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| F   | fill in this information to identif  | y your case:   |  |   |
|---|--|--|--|---|
| Debtor 1  | ANA MILAGROS   |  |  |   |
| Debtor 2  | First Name   | Middle Name  | Last Name  | 1   |
| (Spouse if, f   | iling) First Name  | Middle Name  | Last Name  |   |
| United St   | ates Bankruptcy Court for the:   | DISTRICT OF PUERTO   | RICO, SAN JUAN DIVI  | ISION   |
| Case nur  | nber   |  |  |   |
| (if known)  |  |  |  | Check if this is an   |
|   |  |  |  | amended filing  |
|   | al Form 106H   |  |  |   |
| Sche  | dule H: Your Cod   | ebtors   |  | 12/15   |
| are filing and number case num  1. Do  No  Ye  2. Wi Califo | together, both are equally respondent the entries in the boxes on ober (if known). Answer every copyou have any codebtors? (If you | the left. Attach the Additional left. Additional left. Attach the Additional left. Additional left. Attach the Indiana left. Attach th | rect information. If moonal Page to this page.  o not list either spouse as perty state or territory Texas, Washington, an | (Community property states and territories include Arizona,   |
|   | ☐ Yes.   |  |  |   |
|   | In which community state   | or territory did you live?   |  | . Fill in the name and current address of that person.  |
| line 2<br>106D  | 2 again as a codebtor only if th   | code<br>ors. Do not include your s<br>at person is a guarantor o   | or cosigner. Make sure   | f your spouse is filing with you. List the person shown in<br>e you have listed the creditor on Schedule D (Official Forn<br>se Schedule D, Schedule E/F, or Schedule G to fill out |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | P Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1   |  |  |  | Schedule D, line  |
|   | Name   |  |  | ☐ Schedule E/F, line  |
|   |  |  |  | ☐ Schedule G, line  |
|   | Number Street<br>City  | State  | ZIP Code   |   |
| 3.2   |  |  |  | ☐ Schedule D, line  |
| [ <del></del> ]   | Name   |  |  | □ Schedule E/F, line □ Schedule G, line   |
|   | Number Street  |  |  | <del>_</del>  |
|   | City   | State  | ZIP Code   |   |

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| Fill                    | in this information to identify your  | case.  |   |                                  |                     |                                    |                           |                             |              |
|-------------------------|---|--|---|----------------------------------|---------------------|------------------------------------|---------------------------|-----------------------------|--------------|
|                         |   |  | ,                                       |                                  |                     |                                    |                           |                             |              |
| Der                     | ANA WILA  | GROS ROLDAN ORTIZ  | <u>4</u>                                |                                  | -                   |                                    |                           |                             |              |
|                         | otor 2  puse, if filing)  |  |   |                                  | -                   |                                    |                           |                             |              |
| Uni                     | ted States Bankruptcy Court for th  | ne: DISTRICT OF PUERT DIVISION   | TO RICO, SAN JU                         | JAN                              | _                   |                                    |                           |                             |              |
| 1                       | se number<br>nown)  |  | -                                       |                                  | - 1                 | Check if this is:                  |                           |                             |              |
|                         |   |  |   |                                  | 1.                  | A supplement income as of          | ent showing               | , ,                         | chapter 13   |
| O.                      | fficial Form 106I   |  |   |                                  |                     | MM / DD/ Y                         | YYY                       |                             |              |
| S                       | chedule I: Your Ind   | come   |   |                                  |                     |                                    |                           |                             | 12/15        |
| suppos<br>spor<br>attac | as complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and yo<br>ch a separate sheet to this form.  Describe Employment | u are married and not filing<br>our spouse is not filing with<br>On the top of any additio | g jointly, and you<br>h you, do not inc | ır spouse is li<br>lude informat | iving w<br>tion abo | ith you, included<br>out your spou | de informa<br>se. If more | ition about you space is ne | our<br>eded, |
| 1.                      | Fill in your employment information.  |  | Debtor 1                                |                                  |                     | Debtor 2                           | or non-fil                | ling spouse                 |              |
|                         | If you have more than one job,  | Employment status*   | ■ Employed                              |                                  |                     | ☐ Empl                             | oyed                      |                             |              |
|                         | attach a separate page with information about additional employers.   | igo with   |   | ☐ Not employed                   |                     |                                    | mployed                   |                             |              |
|                         | • •   | Occupation   | See Schedu                              | e Attached                       |                     | _                                  |                           |                             |              |
|                         | Include part-time, seasonal, or self-employed work.   | Employer's name  |   |                                  |                     |                                    |                           |                             |              |
|                         | Occupation may include student homemaker, if it applies.  | t or Employer's address  |   |                                  |                     |                                    |                           |                             |              |
|                         |   | How long employed th   |   | Attachment for                   | or Add              | itional Employ                     | ment Info                 | rmation                     |              |
| Par                     | Give Details About Mo   | onthly Income  |   |                                  |                     |                                    |                           |                             |              |
|                         | mate monthly income as of the oss you are separated.  | date you file this form. If yo   | ou have nothing to                      | report for any                   | line, wr            | te \$0 in the spa                  | ace. Include              | e your non-filir            | ng spouse    |
| ,                       | u or your non-filing spouse have more, attach a separate sheet to this for  |  | oine the informatio                     | n for all employ                 | yers for            | that person on                     | the lines be              | elow. If you ne             | ed more      |
|                         |   |  |   |                                  | For                 | Debtor 1                           |                           | otor 2 or<br>ng spouse      |              |
| 2.                      | List monthly gross wages, sal deductions). If not paid monthly,   |  |   | 2.                               | \$                  | 2,406.68                           | \$                        | N/A                         |              |
| 3.                      | Estimate and list monthly over  | rtime pay.   |   | 3.                               | +\$                 | 0.00                               | +\$                       | N/A                         |              |
| 4.                      | Calculate gross Income. Add   | line 2 + line 3.   |   | 4.                               | \$                  | 2,406.68                           | \$                        | N/A                         |              |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1         | ROLDAN OR IIZ, ANA MILAGROS   |          | C    | ase        | e number ( <i>if kn</i> e | own)      | -     |                        |        |                    |
|-----|---------------|---|----------|------|------------|---------------------------|-----------|-------|------------------------|--------|--------------------|
|     |               |   |          | ì    | Fo         | r Debtor 1                |           |       | r Debtor<br>n-filing s |        |                    |
|     | Copy          | y line 4 here   | 4.       | -    | \$         | 2,406                     | .68       | \$    | i-iiiiig s             | N/A    |                    |
|     |               |   |          |      | _          | ,                         |           | _     |                        |        | _                  |
| 5.  | List          | all payroll deductions:   |          |      |            |                           |           |       |                        |        |                    |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.      |      | \$_        | 81                        | .27       | \$    |                        | N/A    | 4_                 |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b       |      | \$_        | 0                         | .00       | \$    |                        | N/A    | 4                  |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c.      |      | \$_        | 0                         | .00       | \$    |                        | N/A    | 4                  |
|     | 5d.           | Required repayments of retirement fund loans  | 5d       |      | \$_        | 0                         | .00       | \$    |                        | N/A    | 4                  |
|     | 5e.           | Insurance   | 5e.      |      | \$_        | 53                        | .70       | \$    |                        | N/A    | 4                  |
|     | 5f.           | Domestic support obligations  | 5f.      |      | \$_        | 0                         | .00       | \$    |                        | N/A    | 4                  |
|     | 5g.           | Union dues  | 5g       |      | \$         | 0                         | .00       | \$    |                        | N/A    | 4                  |
|     | 5h.           | Other deductions. Specify: Fed FICA Med Hospital Ins/EE   | 5h       | .+   | \$_        | 30                        | .26       | + \$  |                        | N/A    |                    |
|     |               | GPR Plan de Retiro de Maestro   |          |      | \$_        | 187                       | .80       | \$    |                        | N/A    | 4                  |
|     |               | CO-COOP Maestro PR  |          |      | \$_        | 0                         | .00       | \$_   |                        | N/A    | <u>4</u>           |
|     |               | OS-AMPR Local Sind Afil   |          |      | \$_        | 17                        | .00       | \$_   |                        | N/A    | _                  |
|     |               | Ahorros AEELA   |          |      | \$_        |                           | .60       | \$_   |                        | N/A    |                    |
|     |               | AE-Asoc Emp ELA Prest Regular   |          |      | \$_        | 0                         | .00       | \$_   |                        | N/A    | <u> </u>           |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | ;    | \$_        | 432                       | .63       | \$_   |                        | N/A    | <u> </u>           |
| 7.  | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | ;    | \$_        | 1,974                     | .05       | \$_   |                        | N/A    | <u>A</u>           |
| 8.  | Rist a        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.      |      | \$         | 0                         | .00       | \$    |                        | N/A    | Δ                  |
|     | 8b.           | Interest and dividends  | 8b       |      | <u>*</u> - |                           | .00       | \$-   |                        | N/A    |                    |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |          |      | \$         |                           | .00       | \$    |                        | N/A    | _                  |
|     | 8d.           | Unemployment compensation   | 8d       |      | \$         |                           | .00       | \$    |                        | N/A    |                    |
|     | 8e.           | Social Security   | 8e.      |      | \$-        |                           | .00       | \$_   |                        | N/A    | _                  |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.      |      | \$_        |                           | .00       | \$_   |                        | N/A    |                    |
|     | 8g.           | Pension or retirement income  | 8g       |      | \$_        |                           | .00       | \$_   |                        | N/A    |                    |
|     | 8h.           | Other monthly income. Specify: Christmas Bonus \$600.00/12  | 8h       | .+   | \$_        | 50                        | .00       | + \$_ |                        | N/A    | <u>4</u>           |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$   | _          | 50                        | .00       | \$_   |                        | N      | /A                 |
| 40  | 0-1-          | what monthly income. Add line 7 . line 0  | 40       | Φ.   |            | 2 22 4 25                 | . [_      |       |                        | ] [_   | 0.004.05           |
| 10. |               | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | \$_  |            | 2,024.05                  | + \$      |       | N/A                    | = \$ - | 2,024.05           |
| 11. | State         | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your d   |          | ante | VC         | our roommate              | ∟<br>e an | nd    |                        | ) L    |                    |
|     | other         | friends or relatives.   | •        |      |            |                           | -         |       |                        |        |                    |
|     | Do no<br>Spec | ot include any amounts already included in lines 2-10 or amounts that are not av<br>ify:  | /ailable | to p | ay         | expenses list             | ed in     | Sched | dule J.<br>11.         | +\$_   | 0.00               |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain  |          |      |            |                           |           |       | ies 12.                | \$     | 2,024.05           |
| 12  | Dov           | ou expect an increase or decrease within the year often you file this farm  | 2        |      |            |                           |           |       |                        | Comb   | ined<br>nly income |
| 13. | □<br>□        | ou expect an increase or decrease within the year after you file this form No. Yes. Explain: NONE   | ·        |      |            |                           |           |       |                        |        |                    |
|     |               | i i i i i i i i i i i i i i i i i i i   |          |      |            |                           |           |       |                        |        |                    |

Official Form 106l Schedule I: Your Income page 2

| Debtor 1 | ROLDAN ORTIZ, ANA MILAGROS | Case number (if known) |  |
|----------|----------------------------|------------------------|--|
|----------|----------------------------|------------------------|--|

#### Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                                       |  |
|---------------------|---------------------------------------|--|
| Occupation          | Dance teacher                         |  |
| Name of Employer    | Accion Social de Puerto Rico Inc      |  |
| How long employed   | 10 years                              |  |
| Address of Employer | Apartado 3930                         |  |
|                     | Guaynabo, PR 00970-3930               |  |
| Debtor              |                                       |  |
| Occupation          | Teacher                               |  |
| Name of Employer    | Departamento de Educacion             |  |
| How long employed   | 22 years                              |  |
| Address of Employer | Ave Teniente Cesar Gonzalez Esq Calaf |  |
|                     | Hato Rey, PR 00919                    |  |

Official Form 106l Schedule I: Your Income page 3

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| Fill       | in this information to identify you   | r case:                |  |  |                   |                |                                       |                                |           |
|------------|---|------------------------|--|--|-------------------|----------------|---------------------------------------|--------------------------------|-----------|
| Deb        | and MILAGR  | OS ROI                 | _DAN ORTIZ                                   | _  | Ch                |                | f this is:                            |                                |           |
|            | otor 2<br>ouse, if filing)  |                        |  |  |                   | A s            | supplement show<br>penses as of the f |                                | napter 13 |
| Unit       | ed States Bankruptcy Court for the:   | DISTRI                 | CT OF PUERTO RICO, SA                        | N JUAN                                   |                   | MN             | M / DD / YYYY                         |                                |           |
|            | e number<br>nown)   |                        |  |  |                   |                |                                       |                                |           |
|            | fficial Form 106J   |                        |  |  |                   |                |                                       |                                |           |
| Be info    | chedule J: Your E<br>as complete and accurate as p<br>primation. If more space is need<br>known). Answer every question | ossible.<br>led, attac | If two married people are                    |  |                   |                |                                       |                                |           |
| Par<br>1.  | t 1: Describe Your Househ   | old                    |  |  |                   |                |                                       |                                |           |
|            | ■ No. Go to line 2. □ Yes. <b>Does Debtor 2 live in</b>   | a separa               | te household?                                |  |                   |                |                                       |                                |           |
|            | ☐ No☐ Yes. Debtor 2 must  | file Offici            | al Form 106J-2, <i>Expen</i> ses f           | or Separate Househ                       | <i>old</i> of Deb | tor 2.         |                                       |                                |           |
| 2.         | Do you have dependents?   | ■ No                   |  |  |                   |                |                                       |                                |           |
|            | Do not list Debtor 1 and Debtor 2.  | ☐ Yes.                 | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor |                   |                | Dependent's age                       | Does depende<br>live with you? |           |
|            | Do not state the  |                        |  |  |                   |                |                                       | □ No                           |           |
|            | dependents names.   |                        |  |  |                   | _              |                                       | ☐ Yes<br>☐ No                  |           |
|            |   |                        |  |  |                   | _              |                                       | ☐ Yes                          |           |
|            |   |                        |  |  |                   |                |                                       | □ No                           |           |
|            |   |                        |  |  |                   |                |                                       | ☐ Yes                          |           |
|            |   |                        |  |  |                   |                |                                       | □ No<br>□ Yes                  |           |
| 3.         | Do your expenses include  |                        | No   |  |                   | _              |                                       | L Tes                          |           |
|            | expenses of people other that yourself and your dependent   | ın 🗖                   | Yes  |  |                   |                |                                       |                                |           |
| Est<br>exp | t 2: Estimate Your Ongoing imate your expenses as of you benses as of a date after the ballicable date.                 | ır bankru              | ptcy filing date unless yo                   |  |                   |                |                                       |                                |           |
| valu       | lude expenses paid for with no<br>ue of such assistance and have<br>ficial Form 106l.)                                  |                        |  |  |                   |                | Your expe                             | enses                          |           |
| 4.         | The rental or home ownershi payments and any rent for the g   |                        |  | clude first mortgage                     | 4.                | \$             |                                       | 0.00                           | ı         |
|            | If not included in line 4:  | ,. • I OI              |  |  |                   | · <del>-</del> |                                       |                                | •         |
|            |   |                        |  |  | 40                | Ф              |                                       | 0.00                           |           |
|            | <ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or</li></ul>   | or renter's            | insurance                                    |  | 4a.<br>4b.        | _              |                                       | 0.00                           |           |
|            | 4c. Home maintenance, rep   |                        |  |  | 4c.               | - : -          |                                       | 60.00                          | •         |
|            | 4d. Homeowner's associatio  |                        |  |  | 4d.               |                |                                       | 0.00                           | -         |
| 5.         | Additional mortgage paymen  | ts for yo              | ur residence, such as hom                    | e equity loans                           | 5.                | \$ -           |                                       | 0.00                           | •         |

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| Utilities:<br>6a. Electr | icity, heat, natural gas   | 6a.                       | \$                 | 445 00                |
|--------------------------|--|---------------------------|--------------------|-----------------------|
|                          | , sewer, garbage collection  | 6b.                       | \$                 | 145.00                |
|                          |  |                           | \$                 | 90.00                 |
| •                        | none, cell phone, Internet, satellite, and cable services  | 6c.<br>6d.                | ·                  | 168.00                |
|                          | Specify:   |                           | \$<br>\$           | 0.00                  |
|                          | ousekeeping supplies<br>nd children's education costs  | 7.                        | *                  | 555.16                |
|                          |  | 8.                        | \$                 | 0.00                  |
| -                        | undry, and dry cleaning  | 9.                        | \$                 | 79.00                 |
|                          | re products and services   | 10.                       | \$                 | 168.89                |
|                          | I dental expenses  | 11.                       | \$                 | 54.19                 |
| •                        | <b>ion.</b> Include gas, maintenance, bus or train fare.<br>de car payments.   | 12.                       | \$                 | 217.00                |
|                          | ent, clubs, recreation, newspapers, magazines, and books   | 13.                       | \$                 | 95.00                 |
|                          | contributions and religious donations  | 14.                       | \$                 | 0.00                  |
| . Insurance.             | on the state of th |                           | <u> </u>           | 0.00                  |
|                          | de insurance deducted from your pay or included in lines 4 or  | 20.                       |                    |                       |
| 15a. Life in             |  | 15a.                      | \$                 | 0.00                  |
| 15b. Health              | ninsurance   | 15b.                      | \$                 | 0.00                  |
| 15c. Vehicl              | e insurance  | 15c.                      | \$                 | 0.00                  |
| 15d. Other               | insurance. Specify:  | 15d.                      | \$                 | 0.00                  |
| . Taxes. Do n            | ot include taxes deducted from your pay or included in lines 4 or  | 20.                       |                    |                       |
| Specify:                 |  | 16.                       | \$                 | 0.00                  |
|                          | or lease payments:   |                           |                    |                       |
| 17a. Car pa              | ayments for Vehicle 1  | 17a.                      |                    | 391.81                |
|                          | ayments for Vehicle 2  | 17b.                      | \$                 | 0.00                  |
| 17c. Other               |  | 17c.                      | \$                 | 0.00                  |
| 17d. Other               | Specify:   | 17d.                      | \$                 | 0.00                  |
|                          | ents of alimony, maintenance, and support that you did no  |                           | Ф.                 | 0.00                  |
|                          | om your pay on line 5, Schedule I, Your Income (Official Fo  |                           | \$                 |                       |
|                          | ents you make to support others who do not live with you   |                           | \$                 | 0.00                  |
| Specify:                 | roperty expenses not included in lines 4 or 5 of this form   | 19.                       | r Incomo           |                       |
|                          | ages on other property   | 20a.                      |                    | 0.00                  |
| 20b. Real e              |  | 20b.                      | ·                  | 0.00                  |
|                          | rty, homeowner's, or renter's insurance  | 20c.                      | ·                  | 0.00                  |
| •                        | enance, repair, and upkeep expenses  | 20d.                      | *                  | 0.00                  |
|                          | owner's association or condominium dues  | 20d.<br>20e.              | \$                 | 0.00                  |
| . Other: Spec            |  | 206.                      |                    |                       |
| . Other. Spec            | пу.<br>  |                           |                    | 0.00                  |
| . Calculate ye           | our monthly expenses   |                           |                    |                       |
| 22a. Add line            | es 4 through 21.   |                           | \$                 | 2,024.05              |
| 22b. Copy lii            | ne 22 (monthly expenses for Debtor 2), if any, from Official Fo  | rm 106J-2                 | \$                 |                       |
| 22c. Add line            | 22a and 22b. The result is your monthly expenses.  |                           | \$                 | 2,024.05              |
| 0-11-1-                  | and the section of th |                           |                    | ,- ,- ,-              |
|                          | our monthly net income.  | 220                       | ¢.                 | 0.004.05              |
|                          | line 12 (your combined monthly income) from Schedule I.  | 23a.                      | *                  | 2,024.05              |
| 23b. Copy                | your monthly expenses from line 22c above.   | 23b.                      | -\$                | 2,024.05              |
| 23c Subtra               | act your monthly expenses from your monthly income.  |                           |                    |                       |
|                          | esult is your <i>monthly net income</i> .  | 23c.                      | \$                 | 0.00                  |
|                          | · · · · · · · · · · · · · · · · · · ·  |                           |                    |                       |
|                          | ect an increase or decrease in your expenses within the ye   |                           |                    |                       |
|                          | do you expect to finish paying for your car loan within the year or do you the terms of your mortgage?   | ou expect your mortgage p | ayment to increase | or decrease because o |
| Modification to          | the terms of your mortgage?  |                           |                    |                       |
|                          |  |                           |                    |                       |

| Fill in this info               | rmation to identify ye                       | our case:                |                         |                           |   |       |
|---------------------------------|--|--------------------------|-------------------------|---------------------------|---|-------|
| Debtor 1                        | ANA MILAGROS                                 |                          |                         |                           |   |       |
|                                 | First Name                                   | Middle Name              | Last Name               |                           | · }   |       |
| Debtor 2<br>(Spouse if, filing) | First Name                                   | Middle Name              | Last Name               |                           |   |       |
| United States Bank              | ruptcy Court for the:                        | DISTRICT OF PUERT        | ΓΟ RICO, SAN JUAN       | DIVISION                  |   |       |
| Case number                     |  |                          |                         |                           | ☐ Check if this is amended filing                                   |       |
| Official Form  Declaration      |  | an Individua             | al Debtor's             | Schedules                 | 5   | 12/15 |
| If the married many             | ala ava filing tagathar                      | , both are equally respo |                         | accused information       |   |       |
| obtaining money o               |  | n connection with a ban  |                         |                           | tatement, concealing propert<br>,000, or imprisonment for up        |       |
| Sign E                          | Below  |                          |                         |                           |   |       |
| Did you pay o                   | or agree to pay some                         | one who is NOT an atto   | rney to help you fill o | out bankruptcy forms?     | ?   |       |
| ■ No                            |  |                          |                         |                           |   |       |
| ☐ Yes. Nar                      | me of person                                 |                          |                         |                           | Bankruptcy Petition Preparer's<br>ation, and Signature (Official Fo |       |
|                                 | of perjury, I declare<br>rue and correct.    | that I have read the sun | nmary and schedules     | s filed with this declara | ation and   |       |
| ANA MIL                         | MILAGROS ROLD<br>AGROS ROLDAN<br>of Debtor 1 |                          | X Signat                | ure of Debtor 2           |   |       |

Date \_\_\_\_

Date **June 10, 2021** 

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| Fill in th             | his information to identi | fy your case:      |                         |   |                 |
|------------------------|---------------------------|--------------------|-------------------------|---|-----------------|
| Debtor 1               | ANA MILAGROS              | ROLDAN ORTIZ       |                         |   |                 |
|                        | First Name                | Middle Name        | Last Name               | ) |                 |
| Debtor 2               |                           |                    |                         |   |                 |
| (Spouse if, filing)    | First Name                | Middle Name        | Last Name               |   |                 |
| United States Ba       | ankruptcy Court for the:  | DISTRICT OF PUERTO | RICO, SAN JUAN DIVISION |   |                 |
| Case number (if known) |                           |                    |                         |   | ☐ Check if this |
|                        |                           |                    |                         |   | amended filir   |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|      | t 1: Summarize Your Assets  |                                   |                    |
|------|---|-----------------------------------|--------------------|
| T GI | CI. Guillianze Four Assets  | Your assets Value of what you own |                    |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$                                | 0.00               |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                                | 47,230.02          |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                                | 47,230.02          |
| Par  | t 2: Summarize Your Liabilities   |                                   |                    |
|      |   | Your liabilities Amount you owe   |                    |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D        | \$                                | 77,652.50          |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e   Gchedule E/F                                 | \$                                | 806.95             |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F   | \$                                | 9,640.00           |
|      | Your total liabilities  | \$                                | 88,099.45          |
| Pai  | t 3: Summarize Your Income and Expenses   |                                   |                    |
| 4.   | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I  | \$                                | 2,024.05           |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                                | 2,024.05           |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |                                   |                    |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of                      | her schedu                        | ıles.              |
| 7.   | ■ Yes What kind of debt do you have?  |                                   |                    |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fai                      | mily, or household |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |        |
|--|-------------|--------|
| From Part 4 on Schedule E/F, copy the following:   |             |        |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 806.95 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00   |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00   |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 806.95 |

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|                  | Fill in this                | information to identi                       | fy your case:  |   |   |   |
|------------------|-----------------------------|---|--|---|---|---|
| Debto            | or 1                        | ANA MILAGROS                                | S ROLDAN ORTIZ   |   |   |   |
| 5                | •                           | First Name                                  | Middle Name  | Last Name   |   |   |
| Debto<br>(Spous  | or 2<br>e if, filing)       | First Name                                  | Middle Name  | Last Name   |   |   |
| United           | d States Bar                | kruptcy Court for the:                      | DISTRICT OF PUERTO I   | RICO, SAN JUAN DIVISION                               |   |   |
|                  |                             |   |  |   |   |   |
| Case<br>(if know | number<br>m)                |   |  |   | _   | Check if this is an mended filing                     |
|                  | cial For                    |   | Affairs for Individ  | luals Filing for B                                    | ankruptcy   | 4/1:  |
| nform<br>(if kno | nation. If mo<br>wn). Answe | ore space is needed, a<br>r every question. | attach a separate sheet to th  | is form. On the top of any a                          | qually responsible for supply<br>additional pages, write your |   |
|                  |                             | current marital statu                       | rital Status and Where You<br>s?   | Livea Ветоге  |   |   |
| _                | _                           |   |  |   |   |   |
| L                | ■ Married ■ Not mare        | ried  |  |   |   |   |
| 2. D             | uring the la                | st 3 years, have you                        | lived anywhere other than w  | here you live now?                                    |   |   |
|                  | ■ No<br>■ Yes. List         | all of the places you liv                   | red in the last 3 years. Do not i  | nclude where you live now.                            |   |   |
| I                | Debtor 1 Pri                | or Address:                                 | Dates Debtor 1 there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                  |                             |   |  |   | y property state or territory?<br>o, Texas, Washington and Wi |   |
|                  | ■ No<br>■ Yes. Mal          | ke sure you fill out <i>Sch</i> e           | edule H: Your Codebtors (Offic   | cial Form 106H).                                      |   |   |
| Part 2           | Explain                     | n the Sources of You                        | · Income   | ,   |   |   |
| F                | ill in the tota             | amount of income you                        | ployment or from operating<br>u received from all jobs and a<br>ave income that you receive to | Il businesses, including part-                        |   | lar years?  |
|                  | ] No                        |   |  |   |   |   |
|                  | Yes. Fill                   | in the details.                             |  |   |   |   |
|                  |                             |   | Debtor 1   |   | Debtor 2  |   |
|                  |                             |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |
|                  |                             | of current year until<br>I for bankruptcy:  | ■ Wages, commissions, bonuses, tips  | \$8,346.72  | ☐ Wages, commissions, bonuses, tips                           |   |
|                  |                             |   | ☐ Operating a business   |   | ☐ Operating a business  |   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

|     |                          |                         |                                       | Debtor 1   |   |                  |   |        | Debtor 2                                     |               |   |
|-----|--------------------------|-------------------------|---------------------------------------|--|---|------------------|---|--------|--|---------------|---|
|     |                          |                         |                                       | Sources o<br>Check all t                         |   | (be              | oss income<br>fore deductions and<br>lusions)                   |        | Sources of inc<br>Check all that a           |               | Gross income<br>(before deductions<br>and exclusions) |
|     | last calen<br>nuary 1 to | dar year:<br>December   | 31, 2020 )                            | ■ Wages, bonuses, ti                             | commissions,  |                  | \$23,306.00   | 0      | ☐ Wages, combonuses, tips                    | imissions,    |   |
|     |                          |                         |                                       | ☐ Operati  | ng a business   |                  |   |        | ☐ Operating a                                | business      |   |
|     |                          | lar year be<br>December |                                       | ■ Wages, bonuses, ti                             | commissions,  |                  | \$21,200.00   | 0      | ☐ Wages, combonuses, tips                    | imissions,    |   |
|     |                          |                         |                                       | ☐ Operati  | ng a business   |                  |   |        | ☐ Operating a                                | business      |   |
|     | the calend<br>nuary 1 to | lar year:<br>December   | 31, 2018 )                            | ■ Wages, bonuses, ti                             | commissions,  |                  | \$25,689.00   | 0      | ☐ Wages, combonuses, tips                    | ımissions,    |   |
|     |                          |                         |                                       | ☐ Operati  | ng a business   |                  |   |        | ☐ Operating a                                | business      |   |
|     | ■ No                     | ource and the           |                                       |  | source separatel                                      | y. Do r          | ot include income the   | at yo  |  |               |   |
|     |                          |                         |                                       | Debtor 1<br>Sources of<br>Describe be            |   | eac<br>(be       | oss income from<br>th source<br>fore deductions and<br>lusions) |        | Debtor 2<br>Sources of inc<br>Describe below |               | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3: List                | Certain Pa              | yments You                            | Made Before                                      | e You Filed for E                                     | Bankru           | ptcy  |        |  |               |   |
| 6.  | Are either ☐ No.         | Neither De              | ebtor 1 nor D                         | ebtor 2 has                                      | narily consumer<br>primarily consuluily, or household | mer de           | ebts. Consumer debt   | ts are | e defined in 11 L                            | .S.C. § 101(8 | ) as "incurred by an                                  |
|     |                          |                         | 90 days befo                          | •  | r bankruptcy, did                                     | you pa           | y any creditor a total o  | of \$6 | 6,825* or more?                              |               |   |
|     |                          | □ <sub>Yes</sub>        | List below e creditor. Do payments to | each creditor to<br>not include<br>o an attorney | payments for dor<br>for this bankruptc                | nestic<br>y case | support obligations,  | such   | as child suppor                              | t and alimony | tal amount you paid that<br>r. Also, do not include   |
|     | Yes.                     |                         |                                       |  | primarily consul<br>r bankruptcy, did                 |                  | ebts.<br>y any creditor a total (                               | of \$6 | 600 or more?                                 |               |   |
|     |                          | ■ No.                   | Go to line 7                          | 7.   |   |                  |   |        |  |               |   |
|     |                          | □ <sub>Yes</sub>        |                                       | or domestic s                                    |   |                  | of \$600 or more and<br>as child support and                    |        |  |               | litor. Do not include<br>nents to an attorney for     |
|     | Creditor'                | s Name and              | d Address                             |  | Dates of payme  | nt               | Total amount paid   |        | Amount you still owe                         | Was this p    | ayment for  |
|     |                          |                         |                                       |  |   |                  | P=14  |        |  |               |   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

| 7.  | Within 1 year before you filed for bankrupt Insiders include your relatives; any general par which you are an officer, director, person in co business you operate as a sole proprietor. 11 l | tners;<br>ntrol, c | relatives of any genera<br>or owner of 20% or mo | ll partners; partnershi<br>re of their voting secu | ps of which you<br>irities; and any m | are a general part<br>nanaging agent, in | ner; corporations of<br>cluding one for a |
|-----|---|--------------------|--|--|---------------------------------------|--|---|
|     | Yes. List all payments to an insider.  Insider's Name and Address   | Da                 | tes of payment                                   | Total amount                                       | Amount you                            | Reason for                               | this payment                              |
|     |   |                    |  | paid   | still owe                             |  |   |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cosi   |                    |  | ments or transfer ar                               | ny property on                        | account of a deb                         | t that benefited an                       |
|     | ■ No □ Yes. List all payments to an insider   |                    |  |  |                                       |  |   |
|     | ☐ Yes. List all payments to an insider  Insider's Name and Address  | Da                 | tes of payment                                   | Total amount                                       | Amount you                            |  | this payment                              |
|     |   |                    |  | paid   | still owe                             | e Include cred                           | itor's name                               |
| Pai | t 4: Identify Legal Actions, Repossession   | ns, an             | d Foreclosures                                   |  |                                       |  |   |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury and contract disputes.  No Yes. Fill in the details.   |                    |  |  |                                       |  |   |
|     | Case title Case number  | Na                 | ture of the case                                 | Court or agency                                    |                                       | Status of th                             | e case                                    |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.                                      |                    | as any of your prope                             | rty repossessed, fo                                | reclosed, garni                       | shed, attached,                          | seized, or levied?                        |
|     | Creditor Name and Address   | De                 | scribe the Property                              |  | Da                                    | te                                       | Value of the<br>property                  |
|     |   | Ex                 | plain what happened                              |  |                                       |  | ,   |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No  ☐ Yes. Fill in the details.  |                    |  | uding a bank or fina                               | ancial institutio                     | n, set off any am                        | ounts from your                           |
|     | Creditor Name and Address   | De                 | scribe the action the                            | creditor took                                      | Da<br>tak                             | te action was                            | Amount                                    |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |                    |  | rty in the possessic                               |                                       |  | t of creditors, a                         |
| Pai | t 5: List Certain Gifts and Contributions   |                    |  |  |                                       |  |   |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | otcy, d            | lid you give any gifts                           | s with a total value o                             | of more than \$6                      | 00 per person?                           |   |
|     | Gifts with a total value of more than \$600 person  | per                | Describe the gifts                               |  |                                       | tes you gave<br>e gifts                  | Value                                     |
|     | Person to Whom You Gave the Gift and Address:   |                    |  |  |                                       |  |   |

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Page 40 of 61 Document **ROLDAN ORTIZ, ANA MILAGROS** Debtor 1 Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of **Address** transferred transfer was payment Email or website address made Person Who Made the Payment, if Not You Pre-bankruptcy fees deposit 5/3/2021 \$1,000.00 Roberto Figueroa Carrasquillo, Esq PO Box 0186 Caguas, PR 00726-0186 **CIN Legal Data Services Pre-filing bankruptcy Credit Report** 5/3/2021 \$37.00 4540 Honeywell Ct Dayton, OH 45424-5760

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

**DebtorCC** 

378 Summit Ave

Jersey City, NJ 07306-3110

Yes. Fill in the details. П

Person Who Was Paid Description and value of any property Date payment or Amount of Address transferred transfer was payment made

Pre-bankruptcy Counseling Certificate

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

\$19.95

6/1/2021

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|     | gifts and transfers that you have already listed on the state of the | nis statement.   |                         |              |  |  |   |
|-----|--|--|-------------------------|--------------|--|--|---|
|     | Person Who Received Transfer Address   | Description and property transfer                              |                         | paym         | ribe any property or<br>nents received or debts<br>in exchange | Date transfer was made                   |   |
|     | Person's relationship to you   |  |                         |              | •  |  |   |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details.  |  | ny property to a        | self-settled | d trust or similar device                                      | of which you are a                       |   |
|     | Name of trust  | Description and  | value of the pro        | perty trans  | sferred  | Date Transfer was made                   | 3 |
| Pai | t 8: List of Certain Financial Accounts, Instru  | uments, Safe Deposit   | Boxes, and Sto          | rage Units   |  |  |   |
| 20. | Within 1 year before you filed for bankruptcy, visually sold, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associated No  Yes. Fill in the details.  | ther financial accour  | nts; certificates       | of deposit;  |  |  |   |
|     |  | ast 4 digits of account number                                 | Type of acco instrument | unt or       | Date account was closed, sold, moved, or transferred           | Last balance befor<br>closing or transfe | _ |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | r before you filed for   | bankruptcy, an          | y safe dep   | osit box or other deposi                                       | itory for securities,                    |   |
|     | ■ No □ Yes. Fill in the details.   |  |                         |              |  |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>and ZIP Code)           |                         | Describe     | the contents   | Do you still have it?                    |   |
| 22. | Have you stored property in a storage unit or p  | place other than your  | home within 1           | year before  | e you filed for bankrupto                                      | cy?                                      |   |
|     | ■ No □ Yes. Fill in the details.   |  |                         |              |  |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>and ZIP Code) |                         | Describe     | the contents   | Do you still have it?                    |   |
| Pai | t 9: Identify Property You Hold or Control for   | r Someone Else   |                         |              |  |  |   |
| 23. | Do you hold or control any property that some someone.   | one else owns? Inclu   | ude any propert         | y you borre  | owed from, are storing f                                       | or, or hold in trust fo                  | ŗ |
|     | ■ No □ Yes. Fill in the details.   |  |                         |              |  |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)            |                         | Describe     | the property   | Valu                                     | e |
| Pai | t 10: Give Details About Environmental Inform  | nation   |                         |              |  |  | _ |
| For | the purpose of Part 10, the following definitions  | apply:   |                         |              |  |  |   |
|     | Environmental law means any federal, state, or   |  | ulation concerni        | na pollutio  | on. contamination. releas                                      | ses of hazardous or                      |   |

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

|     | own, operate, or utilize it, including disposal sit  |  |  |                    |
|-----|--|--|--|--------------------|
| -   | Hazardous material means anything an environ material, pollutant, contaminant, or similar term |  | aste, hazardous substance, toxic sub                               | stance, hazardous  |
| Rep | ort all notices, releases, and proceedings that ye   | ou know about, regardless of when the                                      | ney occurred.  |                    |
| 24. | Has any governmental unit notified you that yo   | u may be liable or potentially liable u                                    | ınder or in violation of an environmen                             | tal law?           |
|     | ■ No □ Yes. Fill in the details.   |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                             | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |
| 25. | Have you notified any governmental unit of any   | y release of hazardous material?   |  |                    |
|     | ■ No □ Yes. Fill in the details.   |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                             | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |
| 26. | Have you been a party in any judicial or admini  ■ No □ Yes. Fill in the details.              | strative proceeding under any enviro                                       | onmental law? Include settlements an                               | d orders.          |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |
| Par | 11: Give Details About Your Business or Cor  | nnections to Any Business  |  |                    |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have any   | of the following connections to any b                              | ousiness?          |
|     | ☐ A sole proprietor or self-employed in a  | trade, profession, or other activity, e                                    | ither full-time or part-time                                       |                    |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnership                                     | (LLP)  |                    |
|     | ☐ A partner in a partnership   |  |  |                    |
|     | ☐ An officer, director, or managing execu  | tive of a corporation  |  |                    |
|     | ☐ An owner of at least 5% of the voting or   | r equity securities of a corporation                                       |  |                    |
|     | ■ No. None of the above applies. Go to Part  | 12.  |  |                    |
|     | ☐ Yes. Check all that apply above and fill in the  |  |  |                    |
|     |  | escribe the nature of the business   | Employer Identification number<br>Do not include Social Security r |                    |
|     | (Number, Street, City, State and ZIP Code)   | lame of accountant or bookkeeper   | Dates business existed   |                    |
| 28. | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.     | did you give a financial statement to                                      |  | e all financial    |
|     | ■ No □ Yes. Fill in the details below.   |  |  |                    |
|     |  | ate Issued   |  |                    |
| Par | :12: Sign Below  |  |  |                    |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

| /s/ ANA MILAGROS ROLD                        |  |                            |
|--|--|----------------------------|
| ANA MILAGROS ROLDAN<br>Signature of Debtor 1 | N ORTIZ Signature of Debtor 2  |                            |
| Date June 10, 2021                           | Date   |                            |
|  |  |                            |
| _ ′  | es to Your Statement of Financial Affairs for Individuals Filing for Bankru  | uptcy (Official Form 107)? |
| ■ No   | es to Your Statement of Financial Affairs for Individuals Filing for Bankru  | uptcy (Official Form 107)? |
| ■ No   | <b>es to</b> Your Statement of Financial Affairs for Individuals Filing for Bankru   | uptcy (Official Form 107)? |
| ■ No<br>□ Yes                                | es to Your Statement of Financial Affairs for Individuals Filing for Bankru omeone who is not an attorney to help you fill out bankruptcy forms? | uptcy (Official Form 107)? |
| ■ No<br>□ Yes                                |  | uptcy (Official Form 107)? |

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| Fill in this infor                                       | mation to identify your case:   |                                   |                                   |                             | only as d              | irected in this form and                                       | in Form                             |
|--|---|-----------------------------------|-----------------------------------|-----------------------------|------------------------|--|-------------------------------------|
| Debtor 1   | ANA MILAGROS ROLDAN ORTIZ   |                                   | 12                                | 2A-1Supp:                   |                        |  |                                     |
| Debtor 2   |   |                                   |                                   | □ 1 There is                | no nrec                | umption of abuse   |                                     |
| (Spouse, if filing)                                      |   |                                   |                                   | _                           |                        |  |                                     |
|  | District of Puerto R  | ico, San Juan                     |                                   |                             |                        | o determine if a presur  | •                                   |
| United States I  | Bankruptcy Court for the: Division  |                                   |                                   |                             |                        | nade under <i>Chapter 7                                   </i> | leans lest                          |
| Case number  |   |                                   |                                   | _                           | `                      | does not apply now bed   | sauce of avalified                  |
| (if known)   | _   |                                   | _                                 |                             |                        | out it could apply how bec                                     | ause or qualified                   |
|  |   |                                   |                                   | □ Check if                  | this is a              | in amended filing  |                                     |
| Official E   | orm 122A - 1  |                                   |                                   | - Oncor II                  | 1113 13 6              | in amenaca ming  |                                     |
|  |   |                                   | dalaa laa                         |                             |                        |  |                                     |
| Cnapter  | 7 Statement of Your Cur   | rent Mon                          | tniy inc                          | ome                         |                        |  | 04/20                               |
| a separate sheet<br>number (if know<br>military service, | and accurate as possible. If two married people and to this form. Include the line number to which then it is you believe that you are exempted from a procomplete and file Statement of Exemption from Fulculate Your Current Monthly Income | additional inforresumption of abu | mation applies.<br>Ise because yo | On the top of u do not have | any addit<br>orimarily | ional pages, write your i<br>consumer debts or beca            | name and case<br>ause of qualifying |
| 1. What is y   | our marital and filing status? Check one only   | /.                                |                                   |                             |                        |  |                                     |
| ■ Not m  | arried. Fill out Column A, lines 2-11.  |                                   |                                   |                             |                        |  |                                     |
| ☐ Marrie   | ed and your spouse is filing with you. Fill out   | both Columns A                    | A and B, lines 2                  | 2-11.                       |                        |  |                                     |
| ☐ Marrie   | ed and your spouse is NOT filing with you. Y  | ou and your sp                    | ouse are:                         |                             |                        |  |                                     |
| ☐ Livi   | ng in the same household and are not legal  | v separated. Fil                  | II out both Colu                  | umns A and B                | , lines 2-             | 11.  |                                     |
|  | ng separately or are legally separated. Fill o  | •                                 |                                   |                             | -                      |  | declare under                       |
| per  | nalty of perjury that you and your spouse are legant for reasons that do not include evading the M  | ally separated un                 | der nonbankru                     | ptcy law that a             | pplies or              |  |                                     |
|  | erage monthly income that you received from all s   |                                   |                                   | • , , ,                     | , , ,                  | this bankruptcy case.  | 11 U.S.C. §                         |
|  | example, if you are filing on September 15, the 6-mo<br>I the income for all 6 months and divide the total by 6   |                                   |                                   |                             |                        |  |                                     |
|  | rental property, put the income from that property in   |                                   |                                   |                             |                        |  |                                     |
|  |   |                                   |                                   | Column A                    |                        | Column B   |                                     |
|  |   |                                   |                                   | Debtor 1                    |                        | Debtor 2 or non-filing spouse                                  |                                     |
| 2. Your gro  | ss wages, salary, tips, bonuses, overtime, a  | nd commission                     | s (before all                     |                             |                        |  |                                     |
| payroll de   | •   |                                   | `                                 | \$ 2,4                      | 06.68                  | \$   |                                     |
|  | and maintenance payments. Do not include p  | ayments from a                    | spouse if                         | \$                          | 0.00                   | \$   |                                     |
|  | nts from any source which are regularly pai   |                                   |                                   |                             |                        |  |                                     |
|  | your dependents, including child support.   |                                   |                                   |                             |                        |  |                                     |
|  | nmarried partner, members of your household, y<br>es. Include regular contributions from a spouse   |                                   |                                   | ٦.                          |                        |  |                                     |
|  | clude payments you listed on line 3   | ,                                 |                                   | \$                          | 0.00                   | \$   |                                     |
| 5. Net incom   | ne from operating a business, profession, o   |                                   |                                   |                             |                        |  |                                     |
|  |   |                                   | tor 1                             |                             |                        |  |                                     |
|  | eipts (before all deductions)   | \$ 0.00                           |                                   |                             |                        |  |                                     |
| -  | and necessary operating expenses  | -\$ 0.00                          | Conv hore                         | ¢                           | 0.00                   | ¢  |                                     |
|  | nly income from a business, profession, or farn   | 1\$ 0.00                          | Copy here ->                      | · • •                       | 0.00                   | \$   |                                     |
| 6. Net incon   | ne from rental and other real property  | Dob                               | tor 1                             |                             |                        |  |                                     |
| 0  | cipte (hofore all dedications)  | \$ 0.00                           | IOI I                             |                             |                        |  |                                     |
|  | eipts (before all deductions)   | -\$ 0.00                          |                                   |                             |                        |  |                                     |
| •  | and necessary operating expenses  | 0.00                              | Copy here ->                      | \$                          | 0.00                   | \$   |                                     |
|  | nly income from rental or other real property   | \$                                | Copy nois ->                      | . ψ<br>                     | 0.00                   | \$   |                                     |
| /. Interest,   | dividends, and royalties  |                                   |                                   | Ψ                           | 0.00                   |  |                                     |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

|      |  |   |                                       | Column A Debtor 1 |             | Column B Debtor 2 or non-filing s | pouse          |           |
|------|--|---|---------------------------------------|-------------------|-------------|-----------------------------------|----------------|-----------|
| 8.   | Unemployment compensation  |   |                                       | \$                | 0.00        | \$                                |                |           |
|      | Do not enter the amount if you contend that the amount re<br>Social Security Act. Instead, list it here:   |   | der the                               |                   |             |                                   |                |           |
|      | For you \$ For your spouse \$  | 0.0   | 0_                                    |                   |             |                                   |                |           |
|      | For your spouse \$   |   | _                                     |                   |             |                                   |                |           |
| 9.   | Pension or retirement income. Do not include any amo under the Social Security Act. Also, except as stated in th include any compensation, pension, pay, annuity, or allow Government in connection with a disability, combat-related a member of the uniformed services. If you received any r 61 of title 10, then include that pay only to the extent that i of retired pay to which you would otherwise be entitled if retitle 10 other than chapter 61 of that title.   | ne next sentence, do not<br>vance paid by the United<br>d injury or disability, or do<br>retired pay paid under ch<br>it does not exceed the an                           | States<br>eath of<br>apter<br>nount   | \$                | 0.00        | \$                                |                |           |
| 10.  | Income from all other sources not listed above. Spec Do not include any benefits received under the Social Sec under the Federal law relating to the national emergency of under the National Emergencies Act (50 U.S.C. 1601 et coronavirus disease 2019 (COVID-19); payments receive crime against humanity, or international or domestic terr pension, pay, annuity, or allowance paid by the United Stawith a disability, combat-related injury or disability, or deat uniformed services. If necessary, list other sources on a sebelow   | curity Act; payments madeclared by the President seq.) with respect to the das a victim of a war critorism; or compensation ates Government in connuth of a member of the | de<br>t<br>e<br>ime, a<br>l<br>ection |                   |             |                                   |                |           |
|      | •  |   |                                       | \$                | 0.00        | \$                                |                | '         |
|      |  |   |                                       | \$                | 0.00        | \$                                |                |           |
|      | Total amounts from separate pages, if any.   |   | +                                     | \$                | 0.00        | \$                                |                |           |
| Part | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | al for Column B.  | \$2                                   | 2,406.68          | <b>+</b> \$ |                                   | Total of incom | 2,406.68  |
| 12.  | Calculate your current monthly income for the year.  | Follow these steps:   |                                       |                   |             |                                   |                |           |
|      | 12a. Copy your total current monthly income from line 1  | 1   |                                       | Сору              | line 11 he  | ere=>                             | \$             | 2,406.68  |
|      | Multiply by 12 (the number of months in a year)  |   |                                       |                   |             |                                   | Х              | 12        |
|      | 12b. The result is your annual income for this part of the f   | form  |                                       |                   |             | 12b.                              | \$             | 28,880.16 |
| 13.  | Calculate the median family income that applies to y   | ou. Follow these steps:   |                                       |                   |             |                                   |                |           |
|      | Fill in the state in which you live.   | PR  |                                       |                   |             |                                   |                |           |
|      | Fill in the number of people in your household.  | 1   |                                       |                   |             |                                   |                |           |
|      | Fill in the median family income for your state and size of To find a list of applicable median income amounts, go of form. This list may also be available at the bankruptcy of   | online using the link spe   | cified in                             | the separate      | instructio  | 13.<br>ons for this               | \$             | 24,973.00 |
| 14.  | How do the lines compare?  |   |                                       |                   |             |                                   |                |           |
|      | 14a.    Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official   | Form 122A-2.  |                                       | •                 | ·           |                                   |                |           |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A2.  | f page 1, check box <i>2Ţh</i>  | e presu                               | mption of abu     | se is dete  | rmined by Fo                      | rm 122A        | -2.       |
| Part | <u> </u>   |   |                                       |                   |             |                                   |                |           |
|      | By signing here, I declare under penalty of perjury th   | at the information on this  | s statem                              | nent and in any   | / attachm   | ents is true an                   | d correc       | t.        |
|      | X /s/ ANA MILAGROS ROLDAN ORTIZ  |   |                                       |                   |             |                                   |                |           |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

### **ANA MILAGROS ROLDAN ORTIZ**

Signature of Debtor 1

Date June 10, 2021

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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| Fill in this info              | rmation to identify you  | ır case:                                      |
|--------------------------------|--------------------------|---|
| Debtor 1                       | ANA MILAGROS RO          | OLDAN ORTIZ                                   |
| Debtor 2<br>(Spouse, if filing | j)                       |   |
| United States B                | ankruptcy Court for the: | District of Puerto Rico, San Juan<br>Division |
| Case number (if known)         |                          |   |

| Check the appropriate box as directed in lines 40 or 42:  |
|---|
| According to the calculations required by this Statement: |
| ■ 1. There is no presumption of abuse.                    |
| ☐ 2. There is a presumption of abuse.                     |
|   |

☐ Check if this is an amended filing

### Official Form 122A - 2

### **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Par | 1: Determine Your Adjusted Income  |   |
|-----|--|---|
| 1.  | Copy your total current monthly income.  | Copy line 11 from Official Form 122A-1 here=> \$ 2,406.68                               |
| 2.  | Did you fill out Column B in Part 1 of Form 122A-1?  |   |
|     | ■ No. Fill in \$0 for the total on line 3.   |   |
|     | ☐ Yes. Is your spouse Filing with you?   |   |
|     | ☐ No. Go to line 3.  |   |
|     | ☐ Yes. Fill in \$0 the total on line 3.  |   |
| 3.  | Adjust your current monthly income by subtracting any household expenses of you or your dependents. Follow to                      |   |
|     | On line 11, Column B of Form 122A-1, was any amount of th you or your dependents?  | ne income you reported for your spouse NOT regularly used for the household expenses of |
|     | ■ No. Fill in 0 for the total on line 3.  ☐ Yes. Fill in the information below:  State each purpose for which the income was used. |   |
|     | For example, the income is used to pay your spouse's support other than you or your dependents.                                    | tax debt or to are subtracting from your spouse's income                                |
|     |  | \$  |
|     |  | \$  |
|     |  | \$  |
|     | Total.   | \$  |
|     |  | Copy total here=> \$  |
| 4.  | Adjust your current monthly income. Subtract line 3 from   | s   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

|  | Pa | rŧ | 2. |
|--|----|----|----|
|--|----|----|----|

#### Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1 Living 0 Housing

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

723.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 68.00
- 7b. Number of people who are under 65 X
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 68.00 Copy here=> \$ 68.00

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 142.00
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ \_\_\_\_\_\_**0.00 Copy here=> +\$** \_\_\_\_\_**0.00**

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS Case number (if known)

| Loc | Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.  |   |            |                     |                |                   |                      |        |  |
|-----|--|---|------------|---------------------|----------------|-------------------|----------------------|--------|--|
|     | Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:   |   |            |                     |                |                   |                      |        |  |
| _   | <ul> <li>Housing and utilities - Insurance and operating expenses</li> <li>Housing and utilities - Mortgage or rent expenses</li> </ul>  |   |            |                     |                |                   |                      |        |  |
| Toa | answe  | er the questions in lines 8-9, use the U.S. Trustee Pr  | ogram c    | hart.               |                |                   |                      |        |  |
|     | To find the chart, go online using the link specified in the separate instructions for this form.  This chart may also be available at the bankruptcy clerk's office.  |   |            |                     |                |                   |                      |        |  |
| 8.  | B. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses   |   |            |                     |                |                   |                      |        |  |
| 9.  | Hou  | sing and utilities - Mortgage or rent expenses:   |            |                     |                |                   |                      |        |  |
|     | 9a.  | Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses  |            |                     |                | \$5               | 91.00                |        |  |
|     | 9b.  | Total average monthly payment for all mortgages and of  | ner debts  | secured by your     | home.          |                   |                      |        |  |
|     | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.   |   |            |                     |                |                   |                      |        |  |
|     |  | Name of the creditor  | Avera      | age monthly<br>nent |                |                   |                      |        |  |
|     |  | -NONE-  | \$         |                     |                |                   |                      |        |  |
|     |  | Total average monthly payment   | \$         | 0.00                | Copy<br>here=> | -\$               | Repeat amoun line 33 | t on   |  |
|     | 9c.  | Net mortgage or rent expense.   |            |                     |                |                   | ٦                    |        |  |
|     |  | Subtract line 9b (total average monthly paymen) from rent expense). If this amount is less than \$0, enter \$0. |            |                     | \$             | 591.00            | Copy<br>here=> \$    | 591.00 |  |
| 10. |  | ou claim that the U.S. Trustee Program's division of cts the calculation of your monthly expenses, fill in      |            |                     |                | is incorrect and  | d \$                 | 0.00   |  |
|     | Exp  | olain why:  |            |                     |                |                   |                      |        |  |
| 11. | Loc  | al transportation expenses: Check the number of vehi  | cles for w | hich you claim an   | ownership o    | or operating expe | ense.                |        |  |
|     | <b>□</b> 0   | . Go to line 14.  |            |                     |                |                   |                      |        |  |
|     | <b>1</b>   | . Go to line 12.  |            |                     |                |                   |                      |        |  |
|     | <b>□</b> 2   | or more. Go to line 12.   |            |                     |                |                   |                      |        |  |
| 12. | . Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area.  \$ |   |            |                     |                |                   |                      |        |  |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

| 13.  |                     | ownership or least<br>claim the expense<br>cles.                  |               |               |                     |               |             |                    |        |                               |  |        |
|------|---------------------|---|---------------|---------------|---------------------|---------------|-------------|--------------------|--------|-------------------------------|--|--------|
| Ve   | hicle 1             | Describe Vehicl   | e 1:          | , 2019 Toy    | ota Yaris           |               |             |                    |        |                               |  |        |
| 13a  | Ownersl             | hip or leasing costs  | s usin        | g IRS Local S | tandard             |               |             | \$                 |        | 533.00                        |  |        |
| 13b  | ŭ                   | monthly payment for lea   |               |               | by Vehicle 1.       |               |             |                    |        |                               |  |        |
|      | contracti           | ulate the average mually due to each servide by 60.               |               |               |                     |               |             |                    |        |                               |  |        |
|      | Na                  | me of each credite  | or for        | Vehicle 1     |                     | Average i     | monthly     |                    |        |                               |  |        |
|      | Po                  | pular Auto  |               |               |                     | _ \$          | 362.83      |                    |        |                               |  |        |
|      |                     | Т   | otal A        | werage Mont   | hly Payment         | \$            | 362.83      | Copy<br>here :     |        | 36                            | Repeat this amount on line 33b.                |        |
| 13c  |                     | icle 1 ownership or<br>t line 13b from line                       |               | •             | is less than \$0,   | enter \$0     |             | \$                 |        | 170.17                        | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 170.17 |
| Ve   | hicle 2             | Describe Vehicl   | e 2:          |               |                     |               |             |                    |        |                               |  |        |
| 13d  | . Ownersl           | hip or leasing costs  | s usin        | g IRS Local S | tandard             |               |             | \$                 |        | 0.00                          |  |        |
| 13e  | Average<br>leased v | monthly payment fehicles.   | or all o      | debts secured | by Vehicle 2. D     | o not include | e costs for |                    |        |                               |  |        |
|      | Na                  | me of each credite  | or for        | Vehicle 2     |                     | Average i     | monthly     |                    |        |                               |  |        |
|      |                     |   |               |               |                     | \$            |             |                    |        |                               |  |        |
|      |                     | Т   | otal <i>F</i> | verage Mont   | hly Payment         | \$            |             | Copy<br>here<br>=> | -\$    | 0.0                           | Repeat this amount on line 33c.                |        |
| 13f. |                     | icle 2 ownership or<br>t line 13e from line                       |               | •             | is less than \$0,   | , enter \$0   |             | \$                 |        | 0.00                          | Copy net Vehicle 2 expense here => \$          | 0.00   |
| 14.  |                     | ransportation exp<br>ortation expense allo                        |               |               |                     |               |             | ocal Sta           | ndards | , fill in th <i><b>⊵</b>u</i> | blic<br>\$                                     | 0.00   |
| 15.  | deduct a            | nal public transpo<br>a public transportati<br>an the IRS Local S | on exp        | ense, you ma  | ay fill in what you |               |             |                    |        |                               |  | 0.00   |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

| Oth | er Necessary Expenses                                     | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.  |     |          |
|-----|---|--|-----|----------|
| 16. | self-employment taxes, Soci your pay for these taxes. How | nount that you will actually owe for federal, state and local taxes, such as income taxes, ial Security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 and ne total monthly amount that is withheld to pay for taxes. |     | 24.07    |
|     | Do not include real estate, sa                            | ales, or use taxes.  | \$  | 81.27    |
| 17. | Involuntary deductions: T union dues, and uniform co      | the total monthly payroll deductions that your job requires, such as retirement contributions, sts.  |     |          |
|     | Do not include amounts that                               | are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 250.40   |
| 18. | together, include payments t                              | nonthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life insurance on-filing spouse's life insurance, or for any form of life insurance other than term.   | \$  | 0.00     |
| 19. | Court-ordered payments: agency, such as spousal or        | The total monthly amount that you pay as required by the order of a court or administrative child support payments.  |     |          |
|     | Do not include payments or                                | n past due obligations for spousal or child support. You will list these obligations in line 35.   | \$  | 0.00     |
| 20. | Education: The total month  as a condition for your job   | ly amount that you pay for education that is either required:<br>b, or   |     |          |
|     |   | ntally challenged dependent child if no public education is available for similar services.  | \$  | 0.00     |
| 21. | Childcare: The total monthly                              | y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |     |          |
|     | Do not include payments for                               | any elementary or secondary school education.  | \$  | 0.00     |
| 22. | required for the health and w                             | <b>Denses, excluding insurance costs:</b> The monthly amount that you pay for health care that is velfare of you or your dependents and that is not reimbursed by insurance or paid by a health nly the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insuran                               | ce or health savings accounts should be listed only in line 25.  | \$  | 0.00     |
| 23. | you and your dependents, su                               | elephone services: The total monthly amount that you pay for telecommunication services for uch as pagers, call waiting, caller identification, special long distance, or business cell phone sary for your health and welfare or that of your dependents or for the production of income, if it imployer.                                 |     |          |
|     |   | or basic home telephone, internet and cell phone service. Do not include self-employment corted on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$ | 0.00     |
| 24. | Add all of the expenses al<br>Add lines 6 through 23.     | lowed under the IRS expense allowances.  | \$  | 2,612.84 |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

Case number (if known)

| Add | itional E  | Expense Deductions                                      | These are additional dec  | ductions   | allowed by the   | Means Test.  |     |       |
|-----|--|---|---------------------------|------------|------------------|--|-----|-------|
|     |  |   | Note: Do not include an   | y expens   | e allowances lis | sted in lines 6-24.  |     |       |
| 25. | <ol> <li>Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health<br/>insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or you<br/>dependents.</li> </ol>  |   |                           |            |                  |  |     |       |
|     | Health   | insurance   |                           | \$         | 83.96            |  |     |       |
|     | Disabil  | ity insurance   |                           | \$         | 0.00             |  |     |       |
|     | Health   | savings account   | •                         | + \$       | 0.00             |  |     |       |
|     |  |   |                           |            |                  |  |     |       |
|     | Total  |   |                           | \$         | 83.96            | Copy total here=>  | \$  | 83.96 |
|     | Do you   | actually spend this total a                             | amount?                   |            |                  | J  |     |       |
|     |  | No. How much do you ac                                  | tually spend?             |            |                  |  |     |       |
|     |  | Yes   |                           | \$         |                  |  |     |       |
| 26. | 6. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). |   |                           |            |                  |  | \$  | 0.00  |
| 27. | <ol> <li>Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.</li> </ol>   |   |                           |            |                  |  |     | _     |
|     | By law, the court must keep the nature of these expenses confidential.   |   |                           |            |                  |  | \$  | 0.00  |
| 28. | •  | ·   | ·                         |            |                  | surance and operating expenses on line 8.                                    |     |       |
|     | If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.   |   |                           |            |                  |  |     |       |
|     |  | ust give your case trustee of is reasonable and necess  |                           | tual expe  | nses, and you    | must show that the additional amount   | \$  | 0.00  |
| 29. | \$170.8  |   |                           |            |                  | monthly expenses (not more than a 18 years old to attend a private or public |     |       |
|     |  | ust give your case trustee of able and necessary and no |                           |            |                  | must explain why the amount claimed is                                       |     |       |
|     | * Subje  | ect to adjustment on 4/01/2                             | 2, and every 3 years afte | r that for | cases begun o    | n or after the date of adjustment.   | \$  | 0.00  |
| 30. | 80. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% or the food and clothing allowances in the IRS National Standards.  |   |                           |            |                  |  |     |       |
|     |  | a chart showing the maxir<br>m. This chart may also be  |                           |            |                  | s specified in the separate instructions for                                 |     |       |
|     | You mu   | ust show that the additiona                             | l amount claimed is reaso | onable an  | d necessary.     |  | \$  | 0.00  |
| 31. |  | nuing charitable contribunents to a religious or chari  |                           |            |                  | ibute in the form of cash or financial                                       | +\$ | 0.00  |
| 32. |  | I of the additional expen es 25 through 31.             | se deductions.            |            |                  |  | \$  | 83.96 |

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Debtor 1 ROLDAN ORTIZ, ANA MILAGROS

| 33 F         | ctions for Debt Payment  |   |                    |  |                          |                                |
|--------------|--|---|--------------------|--|--------------------------|--------------------------------|
|              | or debts that are secured by an interend other secured debt, fill in lines 33a   | est in property that you own, including home through 33e.   | mortgag            | es, vehicle loan                         | s,                       |                                |
|              | o calculate the total average monthly pay<br>e 60 months after you file for bankruptcy   | ment, add all amounts that are contractually due t<br>. Then divide by 60.  | o each se          | ecured creditor in                       |                          |                                |
|              | Mortgages on your home:  |   |                    |  |                          | verage monthly<br>syment       |
| 33a.         | Copy line 9b here  |   | =                  | :> \$                                    | 0.00                     |                                |
|              | Loans on your first two vehicles:  |   |                    |  |                          |                                |
| 33b.         | Copy line 13b here   |   |                    | =  | » \$ <sub>_</sub>        | 362.83                         |
| 33c.         | Copy line 13e here   |   |                    | =  | ÷ \$                     | 0.00                           |
| 33d.         | List other secured debts:  |   |                    |  |                          |                                |
| Name         | of each creditor for other secured debt  | Identify property that secures the debt   |                    | Does payment include taxes of insurance? |                          |                                |
|              |  |   |                    | □ No                                     |                          |                                |
|              | -NONE-   |   |                    | ☐ Yes                                    | \$                       |                                |
|              |  |   |                    | □ No                                     | _                        | _                              |
|              |  |   |                    | ☐ Yes                                    | \$                       |                                |
|              |  |   |                    | <b>—</b> 163                             | Ψ.                       |                                |
|              |  |   |                    | ☐ No                                     |                          |                                |
|              |  |   |                    | ☐ Yes                                    | +\$                      |                                |
|              |  |   |                    |  | ]                        |                                |
| 33e.         | Total average monthly payment. Add li  | nes 33a through 33d   | \$                 | 362.83                                   | Copy<br>total<br>here=>  | \$ 362.83                      |
| 34. <b>A</b> | re any debts that you listed in line 33  | nes 33a through 33d secured by your primary residence, a vehicle port or the support of your dependents?  |                    | 362.83                                   | total                    | \$362.83_                      |
| 34. <b>A</b> | re any debts that you listed in line 33 ther property necessary for your sup  No. Go to line 35.  Yes. State any amount that you mus   | secured by your primary residence, a vehicle port or the support of your dependents?  st pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividing   | e, or              | 362.83                                   | total                    | \$ 362.83                      |
| 34. A of     | re any debts that you listed in line 33. ther property necessary for your sup  1 No. Go to line 35. 1 Yes. State any amount that you mus line 33, to keep possession of y  | secured by your primary residence, a vehicle port or the support of your dependents?  st pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividing   | e, or<br>ested in  | 362.83  Total cure amount                | total                    | \$ 362.83  Monthly cure amount |
| 34. A of     | re any debts that you listed in line 33 ther property necessary for your sup 1 No. Go to line 35.  1 Yes. State any amount that you mus line 33, to keep possession of y 60 and fill in the information below.   | secured by your primary residence, a vehicle port or the support of your dependents?  st pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividow.   | e, or<br>ested in  | Total cure<br>amount                     | total                    | Monthly cure                   |
| 34. A of     | re any debts that you listed in line 33 ther property necessary for your sup  No. Go to line 35.  Yes. State any amount that you must line 33, to keep possession of y 60 and fill in the information believe of the creditor  | secured by your primary residence, a vehicle port or the support of your dependents?  st pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividow.   | es, or<br>ested in | Total cure<br>amount                     | total<br>here=>          | Monthly cure                   |
| 34. A of     | re any debts that you listed in line 33 ther property necessary for your sup  No. Go to line 35.  Yes. State any amount that you must line 33, to keep possession of y 60 and fill in the information believe of the creditor  | secured by your primary residence, a vehicle port or the support of your dependents?  st pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividow.   | es, or             | Total cure<br>amount                     | total<br>here=>          | Monthly cure amount            |
| 34. A of D   | re any debts that you listed in line 33 ther property necessary for your sup  No. Go to line 35.  Yes. State any amount that you musline 33, to keep possession of y 60 and fill in the information belie of the creditor  | secured by your primary residence, a vehicle port or the support of your dependents?  It pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividence.  Identify property that secures the debt  Totals a priority tax, child support, or alimony - the                                      | sisted in e by     | Total cure<br>amount                     | total here=>  Copy total | Monthly cure amount            |
| 34. A of D   | the any debts that you listed in line 33 ther property necessary for your sup No. Go to line 35.  Yes. State any amount that you must line 33, to keep possession of y 60 and fill in the information belie of the creditor  | secured by your primary residence, a vehicle port or the support of your dependents?  It pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividence.  Identify property that secures the debt  Totals a priority tax, child support, or alimony - the                                      | sisted in e by     | Total cure<br>amount                     | total here=>  Copy total | Monthly cure amount            |
| 34. A of D   | re any debts that you listed in line 33 ther property necessary for your sup  No. Go to line 35.  Yes. State any amount that you must line 33, to keep possession of y 60 and fill in the information belie of the creditor  NE-  you owe any priority claims such a re past due as of the filling date of your No. Go to line 36. | secured by your primary residence, a vehicle port or the support of your dependents?  It pay to a creditor, in addition to the payments I our property (called the <i>cure amount</i> ). Next, dividiow.  Identify property that secures the debt  Totals a priority tax, child support, or alimony - that is bankruptcy case? 11 U.S.C. § 507. | sisted in e by     | Total cure<br>amount                     | total here=>  Copy total | Monthly cure amount            |

## Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Desc: Main Document Page 54 of 61

**ROLDAN ORTIZ, ANA MILAGROS** Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link foBankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. No. Go to line 37. ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense if you were filing under Chapter 13 here=> 376.28 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2.612.84 expense allowances Copy line 32, All of the additional expense deductions 83.96 Copy line 37, All of the deductions for debt payment 376.28 3.073.08 3.073.08 Total deductions \$ Copy total here.....=> Part 3: Determine Whether There is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 2,406.68 39b. Copy line 38, Total deductions 3,073.08 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy 0.00 0.00 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Сору 0.00 0.00 39d. **Total.** Multiply line 39c by 60 \$ here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$8,175\*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$13,650\*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

☐ The line 39d is at least \$8,175\*, but not more than \$13,650\*. Go to line 41.

\*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

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| ROL                        | DAN ORTIZ, ANA MILAGROS  | Case number (if known)   |
|----------------------------|--|--|
| 41a.                       | Summary of Your Assets and Liabilities and Certain Statistical Information   | on   |
| 41b.                       |  |  |
| your i                     | unsecured, nonpriority debt.   | ed deductions is enough to pay 25%   |
|                            |  | , There is no presumption of abuse.  |
|                            |  |  |
| Giv                        | ve Details About Special Circumstances   |  |
| 'es. Fil<br>Yo<br>Yo<br>ne | I in the following information. All figures should reflect your average month ou may include expenses you listed in line 25. Ou must give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee documenta   | the expenses or income adjustments   |
| G                          | ive a detailed explanation of the special circumstances  | Average monthly expense or income adjustment   |
|                            |  | \$   |
| _                          |  | <u> </u>   |
|                            |  | <u> </u>   |
|                            |  | <br>\$   |
| Sic                        | n Below  |  |
| ,                          |  | tatement and in any attachments is true and correct.   |
|                            | / ANA MILAGROS ROLDAN ORTIZ  | ·  |
|                            |  |  |
|                            |  |  |
|                            | 41a.  41b.  41c.  41c. | 41a. Fill in the amount of your total nonpriority unsecured debt. If you fi Summary of Your Assets and Liabilities and Certain Statistical Informati Schedules (Official Form 106Sum), you may refer to line 3b on that for 41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2) Multiply line 41a by 0.25 |

Certificate Number: 15725-PR-CC-035722321



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 1, 2021, at 6:37 o'clock PM EDT, Ana Roldan received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Puerto Rico, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 1, 2021

By: /s/Landes Thomas

Name: Landes Thomas

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1.738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:21-01799-MCF7 Doc#:1 Filed:06/10/21 Entered:06/10/21 13:15:14 Desc: Main Document Page 61 of 61

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court District of Puerto Rico, San Juan Division**

| In re       | ROLDAN ORTIZ, ANA MILAGROS  |   | Case No.  |                           |              |  |  |  |  |
|-------------|---|---|---|---------------------------|--------------|--|--|--|--|
|             |   | Debtor(s)   | Chapter   | 7                         |              |  |  |  |  |
|             | DISCLOSURE OF COMI  | PENSATION OF ATTO   | ORNEY FOR   | DEBTOR                    |              |  |  |  |  |
| c           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fine rendered on behalf of the debtor(s) in contemplation   | iling of the petition in bankruptc  | y, or agreed to be pa                               | id to me, for services re |              |  |  |  |  |
|             | For legal services, I have agreed to accept   |   | \$  | 1,000.00                  |              |  |  |  |  |
|             | Prior to the filing of this statement I have receive  | ed  | \$  | 1,000.00                  |              |  |  |  |  |
|             | Balance Due   |   | \$  | 0.00                      |              |  |  |  |  |
| 2. T        | The source of the compensation paid to me was:  |   |   |                           |              |  |  |  |  |
|             | ■ Debtor □ Other (specify):   |   |   |                           |              |  |  |  |  |
| 3. T        | The source of compensation to be paid to me is:   |   |   |                           |              |  |  |  |  |
|             | ■ Debtor □ Other (specify):   |   |   |                           |              |  |  |  |  |
| 4. <b>I</b> | ■ I have not agreed to share the above-disclosed confirm.   | mpensation with any other perso   | n unless they are me                                | mbers and associates of   | f my law     |  |  |  |  |
| I           | ☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the i   |   |   |                           | aw firm. A   |  |  |  |  |
| 5. I        | In return for the above-disclosed fee, I have agreed to   | disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |   |                           |              |  |  |  |  |
| b<br>c      | a. Analysis of the debtor's financial situation, and renote. Preparation and filing of any petition, schedules, stern Representation of the debtor at the meeting of credit. [Other provisions as needed] | tatement of affairs and plan which  | ch may be required;                                 | -                         | ruptcy;      |  |  |  |  |
| 6. E        | By agreement with the debtor(s), the above-disclosed  | fee does not include the followi  | ng service:   |                           |              |  |  |  |  |
|             |   | CERTIFICATION   |   |                           |              |  |  |  |  |
|             | certify that the foregoing is a complete statement of ankruptcy proceeding.   | any agreement or arrangement f  | or payment to me fo                                 | representation of the c   | lebtor(s) in |  |  |  |  |
| Jι          | une 10, 2021  | /s/ Roberto Figu  | eroa-Carrasquillo                                   |                           |              |  |  |  |  |
| Da          | ate   |   | Roberto Figueroa-Carrasquillo Signature of Attorney |                           |              |  |  |  |  |
|             |   |   | ey<br>Isquillo Law Offic                            | e PSC                     |              |  |  |  |  |
|             |   | PO Box 186  |   |                           |              |  |  |  |  |
|             |   | Caguas, PR 0072   |   | <b>M</b>                  |              |  |  |  |  |
|             |   | rfc@rfigueroalav  | Fax: (787) 746-529<br>w.com                         | ) <del>4</del>            |              |  |  |  |  |
|             |   | Name of law firm  |   |                           | _            |  |  |  |  |